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ABSTRACT

The Child Crisis Project on Buffalo's West Side was a demonstration opportunity financed for a three-year period by the Office of Child Development. The project was primarily a service delivery system designed to move into emergency situations and solve problems, so that the family could continue to function and provide child care. This report discusses West Side Children's Services from several different vantage points. A discussion of "Project Development" takes the point of view of Child and Family Services Administration, whereas a discussion of "The People Served" takes the point of view of clientele. Case descriptions were pulled from agency files and summarized by the independent research organization attached to this project, the National Study Service. Following this is an "Analysis of Costs and Time" which discusses service from a quantitative perspective. The basis for this discussion lay in the installation of a time/cost device in Child and Family Services. An examination of "Staff Concensus About Services Developed and Techniques Used" was accomplished by a guided discussion with selected staff members of what their experience in the project had been. Finally, a discussion of "Conclusions" was entirely written by the National Study Service, as an "outside" evaluation of the results. (Author/JM)

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CHILD & FAMILY SERVICES
330 Delaware Avenue
Buffalo, New York 14202

FINAL REPORT

ON

THE WEST SIDE CHILDREN'S SERVICES PROJECT

Grant No. OCD-CB 58

October 1974

UD 015268

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
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CHAPTER I

BACKGROUND

A community committed to provision of the social services and resources needed to assure adequate care and protection for its children would find it useful to consider its service provisions in relation to the chart which follows on page 4. Agencies in Buffalo have pioncered in development and provision of each of these charted services with an especially long history of services initiated on the report of someone other than the parents, to protect children from conditions believed to be seriously detrimental to their welfare, when parents do not recognize their need for help or do not seek help. Buffalo has also pioneered in trying to make needed services accessible on a 24-hour basis.

During the life of the West Side Children's Services Project, three established agencies were providing this range of essential social services: Catholic Charities, Child & Family Services, and the Erie County Department of Social Services. By far the largest number of children receiving one or more of these services received them through the Erie County Department of Social Services, which reported a total child welfare services caseload of 4,408 children in November of 1973 as contrasted with fewer than 200 children each in comparable caseloads of the two voluntarily supported agencies.

Despite the fact that basic child care and protection services were reaching nearly 5,000 children and their families, there was discontent with the service delivery system and a conviction that it could be improved upon and strengthened. It was this striving for better services, better timing of services, and more realistic accessibility of services that gave rise to the Child Crisis Project on Buffalo's West Side, a demonstration opportunity financed for a three-year period by the Office of Child Development.

Out of its experience in operating an afterhour emergency social service program, Children's Aid Society, one of the two agencies that merged to become Child and Family Services (the parent agency to this Project), had recognized difficulties in carrying out such a program to its best advantage. Its application for grant funds noted:

> Problems of physical distance, of being able to move quickly in the middle of the night, of having access to much needed collaborative resources, of being able to provide meaningful follow-up services, of having no preventative service...all challenge the professional imagination. We believe this (proposed) project will demonstrate ways of solving these problems.

During the life of the Project, two major trends were occurring within the parent agency:

1. In September, 1971, just as the West Side Children's Services Project was being started, Children's Aid Society terminated its commitment to Child Protective Services after culminating a plan for orderly transition of this service to the Erie County Department of Social Services. While a remaining link with this program was retained, a contract to provide countywide emergency service for children nights, weekends, and holidays, the major portion of the agency's protective services were withdrawn to favor a more preventive approach. The change made for important differences in the caseload of the parent agency, and the direction of referrals.

2. In January, 1973, again after long study, Children's Aid Society for the Prevention of Cruelty to Children merged with Family Service Society. Actually, the two agencies had been functioning on a merged basis for some months previous, and had been studying the question of merger over the previous several years. The merger and merger plans brought the West Side Children's Services into close connection with other neighborhood-based programs which were concerned with family disturbance, and thus, child crisis, but which developed from community outreach rather than a placement orientation.

These trends had effects upon project results, although those effects cannot be clearly drawn or directly traced. Although every effort was made to maintain the West Side Children's Services as originally proposed, the milieu within which the project operated was in considerable flux.

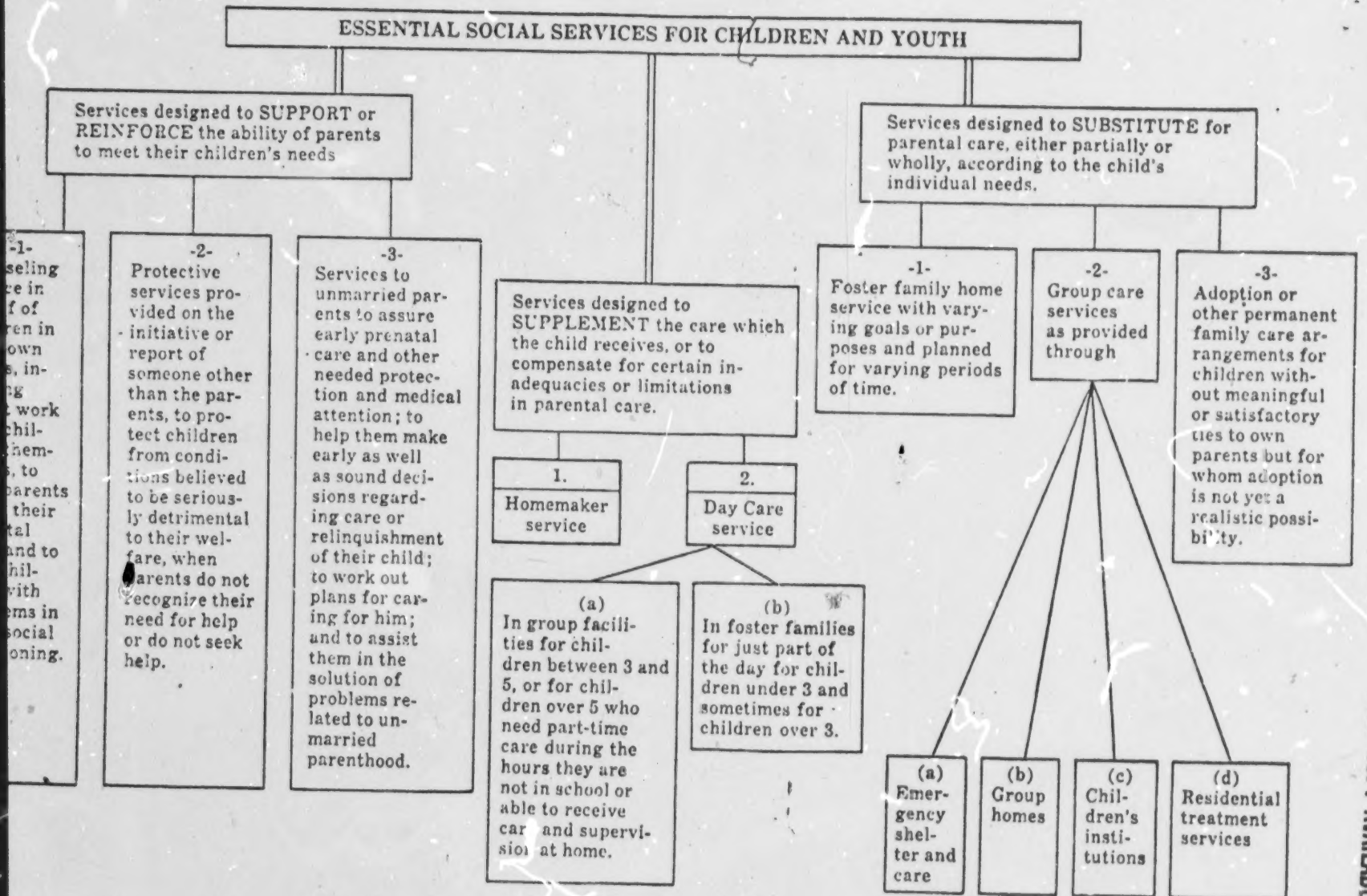
The report that follows is unusual, in that it attempts to understand West Side Children's Services from several different vantage points. Chapter II, "Project Development", is basically a description of the project from the viewpoint of Child and Family Services administration. Chapter III, "The People Served", is an effort to demonstrate the work of the project from the point of view of clientele. Case descriptions were pulled from agency files by the independent research organization attached to this project, the National Study Service. The records were summarized to show the nature of problems and project responses.

Chapter IV, "Analysis of Costs and Time" demonstrates service as expressed in quantitative dimensions. The basis for this chapter lay in the installation of a time/cost device in Child and Family Services. West Side Children's Services was one of the earliest programs to be examined in this way, but unfortunately the agency program was not installed until late into the project experience.

Chapter V, "Staff Consensus About Services Developed and Techniques Used", is an unusual report for a statement of this type. This chapter was developed by a guided discussion with selected staff members of what their experience in the project had been. The conversation was taped, and finally edited somewhat, primarily removing proper names and uncertain facts. With this condition, the project is presented by those who were most involved with it, their subjective thoughts and feelings retained. Hopefully, the "feel" of operations of a project of this sort has been preserved.

Chapter VI, "Conclusions", is entirely written by the National Study Service, as an "outside" evaluation of the results.

Discontinuities among researchers, staff and auspices, meant that some hoped-for data formation could not be achieved. It is hoped that the following is a fair exchange, a qualitative description of the life of the West Side Children's Service.


ESSENTIAL SOCIAL SERVICES FOR CHILDREN AND YOUTH
Services designed to SUPPORT or REINFORCE the ability of parents to meet their children's needs
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-2-
Protective services provided on the initiative or report of someone other than the parents, to protect children from conditions believed to be seriously detrimental to their welfare, when parents do not recognize their need for help or do not seek help.
-3-
Services to unmarried parents to assure early prenatal care and other needed protection and medical attention; to help them make early as well as sound decisions regarding care or relinquishment of their child; to work out plans for caring for him; and to assist them in the solution of problems related to unmarried parenthood.
Services designed to SUPPLEMENT the care which the child receives, or to compensate for certain inadequacies or limitations in parental care.
1.
Homemaker service
2.
Day Care service
(a)
In group facilities for children between 3 and 5, or for children over 5 who need part-time care during the hours they are not in school or able to receive car and supervision at home.
(b)
In foster families for just part of the day for children under 3 and sometimes for children over 3.
Services designed to SUBSTITUTE for parental care, either partially or wholly, according to the child's individual needs.
-1-
Foster family home service with varying goals or purposes and planned for varying periods of time.
-2-
Group care services as provided through
-3-
Adoption or other permanent family care arrangements for children without meaningful or satisfactory ties to own parents but for whom adoption is not yet a realistic possibility.
(a)
Emergency shelter and care
(b)
Group homes
(c)
Children's institutions
(d)
Residential treatment services

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CHAPTER II

PROJECT DEVELOPMENT

A. Goals and Objectives

This chapter traces the objectives of the Project as originally designed to consider their implementation. Further Project objectives developed during the Project's existence, and these will be outlined and discussed as additional matters.

1. Original Objectives (Page 4, Project Proposal)

> (a) To communicate insofar as possible, to all residents of a specific area of the City of Buffalo, the fact that a local resource exists that can assist children and their families in the event of crisis or impending crisis, on a 24-hour basis, with quality services that are immediately available, and comprehensive in nature.

Mass media were utilized to communicate the nature of the Project. Using radio, several interviews with Project staff were utilized, along with spot announcements and news items. Often, Spanish language broadcasts accepted Project materials. Similarly, some interviews were implemented on television. With radio and television, however, it was difficult to direct information specifically to the neighborhoods being served, since these facilities were being broadcast throughout the larger community.

The clearest successes with the electronic media were situations in which the Project received publicity about specific opportunities to help members of the West Side community. At times, solicitations for food, clothing, or help for specific family situations brought a clear response from listeners. It is less clear that clientele were attracted directly.

Newspapers also were utilized. The major newspapers as well as more localized weeklies and ethnic newspapers which were widely distributed in the West Side area printed articles about the Project. The clearest response was a negative one. A general distribution newspaper printed an article in which the reporter emphasized welfare advocacy contained within the Project, at a time when the reporter was carrying out a campaign hostile to the Department of Social Services. As a result, the impression of the program was distorted and a flow of applicants began to request welfare assistance which the Project was not designed to handle. In utilizing newpaper reporting, there is the clear difficulty of the reporter's bias.

The agency itself developed its own "advertising campaign" utilizing materials which were self-developed. The original brochure in English describing the Project was soon reprinted in Spanish and Italian versions. A mailing list of local related resources was developed, to which these brochures were sent in bulk. Workers also used these brochures freely throughout the community, and they were available at agency offices, displayed prominently. In the early months of the Project, an emphasis was placed on distributing brochures in local commercial establishments. This connection with business in the community does not in retrospect appear to be entirely helpful, in that it linked the Project with the "establishment." Later, the brochures were used to a greater extent as handouts to individual members of the community, and this latter approach proved more productive.

Again in the early stages, a number of display signs, or placards, were printed and placed in commercial sites. As noted above, this approach did not prove particularly fruitful. One of the reasons for failure of display signs was that most of the commercial stores which permitted the Project to display its signs also permitted other groups and organizations to display their signs, so that it was difficult for the message to gain prominence. The other possible reason was that many people were simply not able to read either in English or in Spanish.

Agency offices were identified with prominent signs which were printed in Spanish and English. This was helpful with the original office, but when a duplicate sign was placed in the second office, which was immediately surrounded by an Italian neighborhood, the Spanish language probably had the opposite effect to its intention. Within that neighborhood, a bilingual sign was probably inappropriate in any case, since the families had resided in the neighborhood for several generations, for the most part. (This sign was later removed for an English language version.)

Mimeographed slingers were distributed throughout the community as the Project developed specific activities. For example, when a neighborhood group of babysitters was formed, the word was publicized by means of slingers. When the Project's capacity for 24-hour service seemed to be underutilized, slingers again were used to publicize this aspect of the Project.

As the Project continued, it became clear that a stronger emphasis on outreach would be required, and formal means of communication reflected this. The Project developed bilingual door hangers for use when a Project worker visited a home when the occupants were out. It described the services and gave places where the worker might be contacted. This approach added some efficiency to the outreach process, in that sometimes those visited called, thus saving a follow-up visit.

The backbone of the communication process regarding the nature of the Project was an informal communication network, and the above devices increasingly were seen as a means to an end. It cannot be emphasized strongly enough that the personalities of the Project personnel, where they went, and how they related to the informal informational networks contained within the neighborhoods were the primary means by which the Project became known. It became increasingly clear that there was a complex informational process within the neighborhoods, often connected with certain ethnic factors. This was particularly striking in the

Native American communities, where there was distrust for the written word. These neighborhood residents could be much more effectively reached simply by talking to some of them—soon it would be clear that others would know, and the word would be passed. Since the West Side of Buffalo is ethnically grouped together, each ethnic neighborhood was similar to extended family behavior patterns within the larger societal system. Therefore, communication was rapidly delivered by "word of mouth." Effectiveness was measured by the recipient's positive image toward the agency, which often meant, in these neighborhoods, how fast and efficiently the client request was met by W.S.C.S. It is also true that the opposite reaction occurred when a family was dissatisfied. This network was so efficient that neighborhood residents could actually trace the whereabouts of a worker on the streets faster than the headquarters office could find that worker.

Thus there were marked differences between different ethnic communities in how these communications networks behaved. The Italian-American community related strongly to its institutions; political and church figures had great meaning, and often needed to be approached for backing. Among Native Americans, tribes, clans and customs relating to manners of speech and behavior had to be observed. Spanish language, spoken as a reflection of common, cultural inheritance, was important to Puerto Ricans.

A word should be said about what needed to be communicated about the Project. The original objective to communicate the fact that "quality services" were available needs to be placed within the framework of the neighborhoods. What was "quality" from the viewpoint of professional social work often had little meaning to neighborhood residents, and "quality" sometimes needed to meet other standards. Educational levels of staff often meant very little, whereas association with ethnic groups, the neighborhood, and personal qualities such as warmth and responsiveness were the means by which trust could be established. Similarly such matters as auspices and certification of child welfare facilities had little meaning. Formal accreditation such as this was apt to trigger responses related to the alienation these people often felt toward the institutions in the dominant community.

There were many other agencies serving the West Side community, often with their own neighborhood orientations. It became clear that it was not enough to make those agencies aware of the services available. The services needed to be continually demonstrated, and often had to be carried out in very close conjunction with these agencies, in order to establish a relationship of mutual trust. Often these agencies had their own ethnic flavor, and thus the Project's communications with them had much in common with what has been said above. Once again, the emphasis that was required was informal, and written agreements sometimes stultified the Project's capacity to work together with other organizations. Often, agencies had to cooperate very closely in response to the many needs of multiple-problem families, and these relationships had to be worked out with individual client families and individual service providers. Common staff meetings with other agencies also were helpful.

(b) To illustrate how unwarranted separation of family members may be prevented when the families are in a stressful situation.

This Project implemented a care system within the neighborhood which provided a continuum of service for child care directed primarily toward service within the child's own home, or short-term services outside of the child's home. Foster care was delivered within the neighborhood, and again was conceived as short-term. Foster care resources in the parent agency were used for longer-term care. Only a tiny proportion of total cases served was directed for such longer-term foster care. The Project utilized family day care, group day care, emergency caretakers and emergency foster parents who used their own homes for short-term placements, family placements in emergency housing, as well as a network of neighborhood babysitters developed under agency auspices. A research report of October, 1973 studied incidence of child emergency and found that in 49 incidents out of 103, foster care was probably prevented.

Looking at the Project as a whole, there are reasons to question this high ratio of foster care prevention. The most striking clinical impression was that families in which emergencies for children developed were alienated from traditional service resources for child care. It

is difficult to predict what might occur if service was not provided, but there is considerable indication that the children would have received poor or no care when they required it if the Project had not been available. These seem most likely to be families who would not be known to social welfare resources because they would not turn to them at a point of crisis. Without the continuum of care available through the Project foster care might have been the treatment of choice, but it is doubtful that such a decision could be made with an agency.

(c) To provide personnel and equipment necessary to stabilize a family within its own home when this is appropriate.

As noted above, the care facilities of the Project were slanted in the direction of services to the child in his own home. However, it is important to recognize that such direct care resources were only some of the tools which were required to maintain the child in his own home, and often they were not used at all, since other services were more appropriate.

The activity counts for all staff have indicated a high "counseling" component. Much of this counseling was in support of parents to help them to be able to retain responsibility for care at times of crisis. This approach needed to be coupled with a generalized outreach program which found families experiencing crisis that would not normally turn to an agency for service. This human and neighborly support which was offered often required services directed toward the reality of the situation which disabled families in child care. For example, when a family did not have a working refrigerator, the Project itself or efforts to connect the family with appropriate welfare resources was what actually was needed in the situation. Parents sometimes were found to be disabled in caring for children because of being overwhelmed by reality problems, and there were subsequent emotional difficulties requiring either referral or immediate support to aid parents to again take on their normal family responsibilities. The importance of this factor becomes clear when it is recognized that in most cases seen by the Project where there was a clear emergency for children, provisions for the direct care of

children were not made, and the treatment of choice was directed more toward the sustenance of the immediate family situation so that care could be provided by the parents themselves.

(d) To provide personnel necessary to make on-the-spot psycho-social diagnosis and appropriate short-term treatment plans when this is necessary.

The Project set up a system of supervision which gave a professional social worker access to paraprofessional personnel. Also, there were efforts to link the total services of the parent agency to the Project as a backup resource, and for a short time parent agency intake personnel were assigned to the Project to provide this linkage. In addition, all paraprofessional staff were involved in a training program during the early phases of the Project. There were continuing in-service educational opportunities for Project staff.

As the Project developed, there may have been some movement in a direction different from that visualized in this objective. Clients suffering emergency situations required immediate direct attention to the source of the emergency. As a result, Project staff increasingly directed themselves toward problem assessment and immediate "here and now" response. The Project attempted to place staff at other agencies in order to establish better and closer communication along with receiving direct and immediate referrals on the spot. However, some, such as a local police station, rejected the idea on the basis that community people did not come to the station for help and it was not practical to bring one of the Project staff members in a patrol car. Others accepted the idea, but it was soon found that they were using the Project staff for the purpose of filling their own manpower shortages. In most instances, a full, clinical psycho-social workup became very secondary to the process of taking direct action for the immediate situation. Often the problem was to find a referring agency whose orientation and work philosophy was similar to that of the Project in emphasizing immediate acceptance for help.

(e) To provide personnel who will continue service until emergency has ended and family no longer needs help or referral to appropriate on-going service has been effected.

The aim of this Project was to move into emergency situations, and resolve problems so that the family could continue to function and provide child care. As the Project progressed, Project staff became more capable of determining when the crisis had passed, and thus when their intensive work could be closed. A systematized effort was made to follow up on families that had experienced crisis, to determine if new difficulties had arisen.

The Project also developed a complex referral network through close working relationships with agencies serving the area, as well as the parent agency. Sometimes these referrals involved case advocacy activities to insure that the receiving agency actually provided the service.

2. Additional Objectives

It may be apparent from the foregoing that the original Project objectives were based more upon traditional and clinical concepts than those that the Project eventually required as experience within the neighborhoods developed. There was a steady trend toward increased involvement with the neighborhoods, the ethnic groups they contained, awareness of the need for advocacy within the social service network for many of the Project's clientele, and an awareness of the degree to which emergencies for children existed in these neighborhoods without linkage to helping resources. This was a clientele which was often not readily visible to the social welfare establishment whose services had not been tailored to meet their needs. As a result, an informal process occurred within the Project which added important objectives to the services as they were rendered.

(a) To connect service delivery with forces within the neighborhood which affect child crises.

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It became clear that an effort to serve neighborhoods intensively required an outlook different from traditional service providers. Traditionally, social agencies serve larger geographic areas without regard to the small neighborhood sub-groupings which are contained within those areas. This Project, working in a small target area, found that it was serving a series of neighborhoods with specific characteristics which needed to be reflected in the way service was provided.

A major factor in this discovery was the ethnic characteristics of the neighborhoods served. In Buffalo's West Side, ethnic grouping was a marked characteristic of neighborhoods. The major ethnic groups of concern were: low-income Whites; Italian-Americans retaining ties with Italian culture; inter-generationally, newly immigrated Spanish-speaking Puerto Ricans; Blacks with relatively recent southern backgrounds; and Native Americans emanating from nearby Indian reservations.

Early in the Project, it was recognized that the Spanish language was important to Puerto Rican residents, and the Project sponsored a "crash course" in speaking Spanish for the staff. As the Project progressed, it became clear that while this training was useful, it would be necessary to employ staff members who could feel more closely the Puerto Rican sub-culture through their own membership in it. The language factor was only one aspect of a much more complex culturation pattern with which workers needed to connect. The use of members of ethnic groups on the staff became central to the organization and staffing plan, as discussed in another section of this report. It is believed that ethnic identification was a major means by which appropriate outreach could be accomplished. Often, introduction to the Project through a common member of an ethnic group was required before a client family could relate to other members of the staff. This process unearthed a clientele which had not used the general services of the agency previously.

For the most part, residents of these neighborhoods were beset by a series of reality problems. These problems were particularly characteristic of inner-city, poor, minority group members. The Italian-American community was perhaps an exception, since this community was relatively affluent, stable, and well connected with institutions within and outside this specific ethnic group. The Italian-American community [illegible]

become an ascendant force in city politics, and often, extended family connections gave members of this group inroads to institutional services which the more deprived groups had not yet developed. With this exception, neighborhood residents often were underserved by facilities within the city, alienated from institutions, and had little discretionary income to handle emergencies. Housing was often dilapidated, clothing inadequate, etc.

As a result, these populations were at high risk to create crises for children. Losses of jobs, fires, health problems, and such difficulties could easily overload the families' abilities to cope, with resultant jeopardy for children.

Resources mandated to help in such times of crises often were ineffective. Rigid public assistance policies, poor communications resulting from differences in language and custom, ethnic biases, special learning problems within schools, and marginal work skills all meant that these families had few resources. Many families had searched for help in the past from normal helping resources and had been "turned off" by these factors, finally coming to see social resources as adversaries rather than helpers.

As a result of this, some conflict about objectives developed within the Project staff. In order to prevent child crises, should such a Project take on a major advocacy role? Because there was a danger of the Project moving far afield from its original objectives to deal with specific child crises, the advocacy role tended to be limited to individual case advocacy, rather than class advocacy. Nevertheless, there is a remaining question of the degree to which the Project might have moved more fully into an attack on the causes of family dysfunction emanating from the social conditions which prevailed.

This question becomes more poignant when one recognizes that the Project demonstrated that within such neighborhoods there are considerably more problems for children and families than normal procedures of service delivery can help. Family dysfunction, often a result of conditions prevalent in the neighborhoods, is far more common than is represented within the caseloads of most service providers.

One specific direction of the Project was to link with community members through a formal advisory committee attached to the Project. There were several attempts at this, but none was successful in producing a continuing citizens group related to the Project itself. Late in the Project, when such a group was formed for the third time, the reason for the failure became clear. The advisory committee rather clearly indicated an interest in addressing the overall problems of the community, whether these could specifically be tied to child crises or not. Because they did not wish to be tied to child crisis as the only area of concern, and saw broader social problems related to their experiences, the Project was not successful in continuing the organization. In retrospect, the Project might better have organized a community citizens group as a force for general neighborhood betterment, rather than construe this lay group in advisory committee terms. The group could not be offered a close governing relationship to the Project, and thus the concept was probably too limited to encourage participation.

(b) To define child crisis as an outcome of broad, negative, social forces.

Appendix I of the original Project proposal states: "Crisis may be defined in two ways for the project purpose: (1) Crisis is indicated by a client's request for help. (2) Crisis is precipitated by a caretaker in an attempt to prevent potential use of emergency service, i.e., a reaching-out, case-finding and intervening approach with an alcoholic mother whose children wander in an Italian neighborhood."

With experience in the Project, a definition of child crisis should include a concept of the ideology of emergency. Much of the original Project language presumes that child crisis is related to interpersonal relationships within the family. Such a concept has proven an inadequate base for operations within the Project. Certainly, the issue of emergencies for children is played out within a family context. However, social forces clearly impinge upon families and this is seen most specifically in a deprived population. Many of the child crises seen in the Project could more profitably be approached by considering the many reality

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problems which overwhelmed a family's capacity to care appropriately for children. Often, appropriate intervention included specific help from Project personnel to aid area families to find supports within and outside the neighborhood which would enable them to care for children, as reflecting their own wishes. The Project found that emotionally based rejection of children was less a factor in child crisis in these neighborhoods than these reality problems, which could be approached in a realistic way.

(c) To link families with service providers when they would otherwise be alienated from the service system.

A major objective of the West Side Children's Services dealt with a provision of a "bridge" to appropriate delivery systems. It should be noted that these service systems were not always benign, either realistically or in the minds of the consumers. At other times, when the service providers were anxious to help, they were limited by misunderstandings related to language and custom.

Some effort was made to fill gaps within the service system, such as retaining an attorney for the use of Project clientele, or building such resources as psychological testing and psychiatric interviewing as adjuncts to the Project. These attempts did not prove to be significant, whereas the case advocacy methods as discussed above more effectively enabled clientele to utilize existing resources.

The West Side community was found to have a variety of neighborhood-oriented programs contained within it. Working together with these other resources proved a most effective augmentation of the Project's program.

B. Evaluation of Choice of Location in Light of Project Experience

The two locations of offices for the Project provide an interesting contrast. Despite the fact that much of the Project's work was performed outside Project offices, the Maryland Street office proved to be a busy center of client and worker activity, whereas the Niagara Street office did not draw clients. Yet, both were storefront locations within the target area for the Project. The facilities of the Niagara office were somewhat superior to those on Maryland Street, so that it is doubtful that appearance was a major factor

Two factors seem to have made the difference:

1. The Maryland Street office was a few blocks in from the major street in that section of the city. It was surrounded by tenement-type residences. It appears that client families saw it as part of the living neighborhood which they experienced in common. Perhaps it was "accessible" in an emotional as compared to a physical sense. In contrast, the Niagara Street office was located along a major business street intersecting the area, and was surrounded primarily by commercial establishments.

2. The ethnic characteristics of the population surrounding the offices differed. The Maryland Street office was within a Puerto Rican community. Neighborhood residents were relatively new to the area, and tended to be somewhat alienated from the dominant culture. In contrast, the Niagara Street office was surrounded by Italian-Americans, not of recent origin, who as a group were the most affluent sub-group within the target neighborhoods. While they retained their ethnic ties, they also were relatively influential and linked to the total community of Buffalo. They had well-established institutions which served them, notably in politics and in local churches. They seemed to be less needing to seek resources and connections.

C. Organization and Staffing Plan

The original organization of the Project established a supervisory design utilizing professional social workers as supervisors of paraprofessional staff. This enabled the Project to have appropriate diagnostic and treatment capacity, with the backup services of the total agency which could be utilized to augment the Project itself. Throughout the Project, there was a startling change in staff in response to what was being learned about neighborhood service, and to a lesser extent to what was happening in the parent agency as it implemented a major merger. Some examples of these changes provide some flavor of what may need to be considered in developing appropriate neighborhood response.

1. The original plan to cover 24-hour telephone service by utilizing a multilingual neighborhood resident was attempted. It was found that the nature of home responsibilities sometimes made this kind of answering service inadequate when someone was not available at the phone, and the Project finally turned to a commercial answering service. Use of a residential home as an answering service unit may create a problem of a client feeling he is intruding, since the client may hear such background noises as children's voices.

2. Several arrangements were made to administer the emergency caretakers. Originally, they were supervised by a specific member of the Project staff. When turnover occurred, there was an effort to supervise emergency caretakers through the established parent agency emergency service department. This proved to be too distant from the Project administration, and when staff again stabilized, specified Project personnel again supervised the work of emergency caretakers, along with holding monthly meetings for caretakers and emergency foster parents which were used as part of group supervision.

3. Because the Project received requests for service which were clearly far afield from children's emergencies, an effort was made to separate these requests from the work of the Project. First, an effort at being more restrictive in intake policies was made, but this approach threatened the developing trust of neighborhood residents in the Project as a helping resource. Recognizing that the Project would need to show its interest and response to the severe conditions which affected the neighborhoods, two simultaneous efforts were made to re-direct these more generalized applications. One attempt was to place parent agency intake staff in the Project offices on a part-time basis. This staff, professional social workers, were to be used as consultants to Project personnel about referral possibilities within and outside the agency, and directly handle that intake which did not demonstrate child emergency. This effort was not successful, and was eventually abandoned. Paraprofessional Project staff felt they had little in common with these intake workers and rarely used them on a consulting basis, turning instead to their own supervisors.

More importantly, and perhaps related, requests received by the Project had a quality of immediacy which made it difficult to postpone the intake process even for a few days when intake personnel might be available. Although the overall design was finally discontinued in this area, there probably were some side effects in giving Project staff greater identification and sense of connection with the parent agency.

The second approach utilized staff time originally designed for an emergency caretaker to place a bilingual staff member in a full-time capacity in the agency as a neighborhood aide and emergency parent. The person involved was a neighborhood resident. This proved very successful, in that neighborhood applicants identified the person as someone who could help, as someone who was a member of the staff team known in the community, and as someone who was not necessarily office-based. The person involved had some college training, but was a well-known member of the community who had already established herself as a helping person through her earlier community work.

4. The original Project director had considerable experience in traditional child placement casework. When she resigned, a new director was hired whose casework background was more oriented toward neighborhood organization and casework service on an outreach basis which had not been specifically child-protection oriented. The latter director was more capable of organizing the staff into a total team which directed itself to outreach and to neighborhood factors which required attention. These skills proved even more relevant to the objectives of the Project than did child placement experience.

5. It appeared that an operational and communications gap was developing between the staff utilized at night and weekends and those functioning during regular office hours. This gap was alleviated by utilizing a part time arrangement with one staff member who was designated as a liaison between the two staffs, and who worked parts of both shifts.

6. In the course of the Project, it was observed that the roles of the clerical employees were extremely important in the success of service delivery. Many of the client families appeared in the offices without appointments, and required immediate service. When Project staff was not immediately available, these secretaries often had to respond to a situation, at least in a supportive way. These secretaries also were neighborhood residents, and the neighborly tone of the Project meant that clientele did not necessarily differentiate between service and clerical roles. In fact, one secretary was so helpful to applicants that she was promoted to assistant social worker and performed her duties very successfully subsequently. Secretaries, along with other Project staff, were also used as information and contact sources with elements of the community which they knew from their life experience, or where they were acquainted with individuals with whom the Project needed contact.

7. The flexibility in roles was again exemplified when an emergency caretaker eventually became a certified foster home parent, and later served on the Project advisory committee.

D. Project Relationships

The use of staff members in handling the problems pertaining to other members of the same ethnic group was a particularly striking element of the staff organization. While it was true that such ethnic matching could not always be effected for total handling of the case, such matching often was important in the course of "bridging" to another staff member. The element became increasingly important through the life of the Project, and led the agency to a further proposal to the Office of Child Development to study the effects of such ethnic matching in casework service. This proposal was not accepted.

The sense of linkage with the parent agency had its ups and downs. As Project workers became acquainted with their clientele, it became clear that the parent agency was not always seen as a helping resource in the neighborhoods, sharing the general alienation between social service agencies and members of deprived minorities. Thus, there was a temptation for Project staff to identify themselves as separate from the parent agency.

Other factors also produced a sense of distance from the parent agency. Project staff were related primarily to short-term, problem-centered, outreach tasks. In contrast, the professional staff of the parent agency related more to long-term, intrapsychic tasks requiring continuing motivation on the part of their clients. Central parent agency staff were more highly trained, and were not heavily directed toward a neighborhood orientation. Project personnel had certain personal issues to contend with in that they were hired for the Project alone and were not permanent employees of the parent agency. They were engaged in somewhat different administrative work, geared to the demonstration aspects of the Project. The parent agency, being larger and directed toward somewhat different tasks, had developed a bureaucratic structure different from the rather loose teaming that was required of Project personnel.

In effect, to conceptualize about the nature of the relationship of the Project to the parent agency, one must conceptualize in terms of a process which included forces which encouraged separation and other forces which encouraged a sense of unity.

The Project encouraged close working relationships with other agencies, particularly those in the immediate target area. Like the Project itself, informal teaming with these agencies was more effective than formal referral procedures and agreements. The Project had strong support from these other agencies, and sometimes worked together with them in community betterment causes, as well as specific client situations.

During the course of the Project, the County Department of Social Services was undergoing rapid and extremely difficult organizational change, relating to state mandates for separation of services. The Project shared the difficulty of other community agencies in developing close working relationships with the Department, and this difficulty was a major problem for Project service capability. Often, Project staff were required to help clientele through complex admissions procedures of the Department. The complexity of these procedures was particularly difficult for minority group members, despite the fact that they were a population in particular need of such services. Child Welfare Services within the Department of Social Services,

while formally supporting the Project throughout its life, maintained a relatively distant relationship to the Project itself, which probably has limited the application of Project findings within the county system.

Within the neighborhood, it often was found that such resources as the church, police, and schools had important social service aspects which were meaningful to community residents, and it was important for Project personnel to develop close working relationships with these organizations. For some, community politicians were also important. The Project was attentive to these matters and did well in drawing such community representatives into treatment design.

Throughout the Project, there was a striking degree of turnover. Perhaps the matter of turnover of staff could be considered more carefully in the informal policies of such a project. Often, movement of community residents into the staff of the Project represented a step in upward mobility just as leaving the Project for other jobs was another step in this direction. In this way, the neighborhood could see the Project as a force which enabled community residents to have opportunities in the job market. In this sense, turnover, while difficult to administer, could be related to Project goals, and even encouraged. Once the Project personnel were seen as related to the ethnic groups within the target area, it became possible to consider the idea of encouraging staff to find other appropriate ethnic group representatives for potential hire to replace themselves as they moved on to other jobs. Evidence of "making it" has ramifications in such neighborhoods of much greater importance than in traditional agency settings.

CHAPTER III

THE PEOPLE SERVED

Who were the people and with what kinds of problems did they turn to this neighborhood-based helping service? A sampling of 85 case situations active at the height of the Project reveals a disquieting picture. Few, if any, of the families in this sample could be described as "intact" and basically strong. The family with only one parent predominates and in these single-parent families, serious problems in addition to absence of the second parent are the rule rather than the exception. Need for the services the Project was able to offer is unmistakeable. So, also, is the need for much more than the Project could offer or mobilize in the families' behalf, and for a continuation of the services and resources now terminated.

Here is a picture of extremely fragile family life and of many highly vulnerable children. For many, crisis is not a discrete and time-limited experience, but rather a day-after-day, year-after-year reality. It is even more disturbing to consider the neighborhood selected for this demonstration is not the most deprived neighborhood in Buffalo, nor the neighborhood known to have the highest incidence of deteriorated housing, unemployment, social pathology, and family breakdown.

Statistics are faceless and easy to forget. Not so the people who became real for the Project staff, here presented with disguised names:

A surprising number were adolescents:

1. Albert is 14. His mother, a very nervous and obese woman, came to the Project because of distress over Albert's violent behavior. He threw the kitchen table against the wall, threw knives, and struck the younger children. Here is the family picture at intake. Albert is one of six children. Six years ago, the mother left the father of the first five to marry a 17-year-old boy,

although she was not divorced from her first husband. The second husband was the father of the youngest child, now five. The oldest child, now 17, expressed disapproval of her mother's marriage by leaving home, taking her recently born, out-of-wedlock infant with her. The second child, 16, also left, and was reported to be in jail in another state. Albert, 14, was the one exhibiting violent behavior. Clifford, 13, was acting as a martyr, caring for the younger children. Henry, the 11-year-old was markedly withdrawn. He could not accept the fact that the second husband, whom he worshipped, had now left.

The Project worker, in cooperation with a mental health agency, provided extensive counseling. At follow-up, mother's first husband had returned to the household, and the situation appeared stabilized.

2. Janet is a 13-year-old girl who tried to strangle her five-year-old brother. She then took 20 of her mother's tranquilizers and was rushed to the hospital. The Project was called when the mother refused to take her back home.

   Mother and daughter received short-term counseling and long-term follow-up, supportive services. This was one of several cases carried by the worker in group, where women alone, raising children, were good friends, and after some professional intervention, were strengthened in their mutually supportive network.

3. Terrance, a 13-year-old boy, is one of six children who range in age from 10 to 18. The situation came to attention and a home visit was made because of a report from the school of no food in the house and that the children who were still in school were doing poorly. The mother said the 13-year-old is a scape-goat for his father's violent behavior. He was frequently beaten and punched. It was he who told the school authorities that the family was out of food. This was true.
   The Project provided food and counseling, both for the martial and parent/child relationship. The family was stabilized.

4. Carletta was a 17-year-old girl. She was a "pill popper" and was referred to the Project following a suicide attempt. Her mother is diabetic, but drank and "ran around". The father had health problems serious enough to qualify him for Aid to the Disabled.

   The worker actively aided in getting the father to apply for disability assist-

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5. Doris is 14 and Black. She telephoned at 7 p.m. seeking a place to stay for the night, as her mother and stepfather had kicked her out. She had lived with her grandmother her first eight years, then with an aunt after her grandmother's death. She moved in with her mother and step-father four years ago. There is also a four-year-old step-sister in the home. A shelter facility for runaway adolescents could not accept her for care without permission from her parents, so the emergency worker drove Doris home and went in to talk the situation over. The stepfather, after an outburst of abusive language, retired to the bedroom with a bottle. The mother said there were warrants out for Doris's arrest and she was too tired and too ill from epileptic seizures to continue covering for her. Doris, who had been crying all the time, interrupted to say, "You mean alcoholic seizures." The mother admitted she was being seen at an alcoholism clinic. When it came time to leave for the shelter home, Doris continued to cry and seemed extremely upset, but did not leave with the worker. The school reports Doris is suspected of drug use.

   Since this case was out of the Project area on the southeast side of town, it was referred to the parent agency as needing "aggressive out-reach". The worker attempted to visit, but did not persist. School was contacted and the school social worker accepted responsibility.

6. Clara, 13 years old, is her mother's sixth out-of-wedlock child. The others were all placed for adoption. Her mother married her present husband when Clara was five. Clara "hates" her stepfather and steals from him. In retaliation, the stepfather beats Clara and her mother. Project help is sought by the mother in having Clara put on probation, as she stays out all day and night and she says they just can't handle her.

   An effort was made to refer for professional counseling from the parent agency, but it did not "take". The Project worker retained a relationship with the family subsequently.

7. Frankie is a 17-year-old prostitute who turned to the Project for help in getting on AFDC, as she is pregnant.

   Project personnel initially provided food vouchers, helped Frankie to [illegible] and finally involved her in a young mothers group that

Additional case vignettes help describe what the Project tried to do to help the troubled families and endangered children that came to its attention.

8. Franklyn. The crisis which brought this family to attention was a call to the police emergency number, 911. An AFDC mother was having trouble managing her seven-year-old epileptic child. The West Side Project worker found the mother to be extremely slow in movement, and appearing to be severly arthritic. Also in the home was a 19-year-old daughter and her out-of-wedlock child. The Project helped this family to find better housing and to deal with a security deposit hassle, and succeeded in getting the mother to a doctor.

9. Althea is a 17-year-old girl in an AFDC family with eight children. She herself has an out-of-wedlock child, bringing the total number of children to nine. The Project was asked to help the family with housing, as they were terribly overcrowded, but in the process, the worker came to know the 17-year-old young unwed mother and helped to complete her high school equivalency tests.

10. Virginia is 14. Her brothers are twelve and nine. The mother called at midnight wanting Virginia placed in a home as an ungovernable minor. She stays out late at night, is hanging around the wrong kind of people, and probably drinks. The mother appeared highly nervous and distraught. Virginia said she hangs out with a gang who "protect" her. She does not want to be placed.

    Short-term counseling was provided to mother and daughter. The situation stabilized itself and the family withdrew, although the worker recognized further problems.

11. Carolyn is a 17-year-old pregnant girl with an 11-month-old baby. She is separated from her husband and has been living with another young, single parent, also a client, and who has told Carolyn she can't live with her any longer. The crisis that brought her to the Project was high fever of the baby. She has no money, no place to go, and her parents refuse to help. The Project worker confirmed the fact that the parents could be of no

financial help (they were persuaded to supply baby clothing) and did not want her or her babies in their home. The Project worker found Carolyn a place to live, got her to the clinic for pre-natal care, got medicine for the baby, guaranteed her first month's rent, served in an advocacy role in getting AFDC initiated, and found a place for her in a young parents discussion group.

12. Rod is 12. He claims his father beats him up and throws him out of the house. His father says he lies, misbehaves, and continually runs away to one or another of his former wife's relatives. There is truth in both reports. Patient listening to both sides of the story seemed to help a little.
Finally, Rod was placed with his maternal grandmother, with the Project aiding in the process. The grandmother did not follow through with counseling plans out of town, and eventually Rod returned to his family, after the Project had closed, with indication of renewed conflict. The parent agency has become involved.

13. Eva is a 16-year-old girl in an AFDC family who was able to continue in school despite a broken leg, because the Project provided transportation for her for a three-week period.

14. Only a small bit of help was needed for Clarice, a divorced legal secretary with children three and five. The children had measles and could not go to their usual day care facility. An emergency caretaker was sent in for three days.

15. Mrs. Sampson is hospitalized for major surgery. There are five children at home, all under 12. She asks the Project worker to stop by the house regularly while she is gone because she is not sure she can depend on her boyfriend, who has agreed to stay at the house to watch them. He is fond of the children, but is a heavy drinker. The worker makes daily stops at the home and on only one occasion was the boyfriend not there. An emergency caretaker is brought in at once. The worker looks for the boyfriend in a tavern and reminds him of his promise to look after the children. She stops by or sends get well cards to the mother in the hospital.

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16. Iris, 30, has been wheelchair bound all her life. She is able to diaper, bathe and feed her 11-month-old baby from the wheelchair, but can't move him about without help. Her husband, a disabled veteran, ordinarily helps her with the baby's care, but he has been temporarily hospitalized with a nervous disorder. The Project provided emergency caretakers on several occasions and also transportation to and from clinics.

    Several services were coordinated with the mother supported in requesting and getting needed help from relatives.

17. Some crises were easier to resolve than others. Mrs. DeBello, a recently divorced woman receiving AFDC, called hysterically to say she was being ordered to leave the new apartment she had just moved into. She had no rugs and her three and five-year-olds were making so much noise that they were disturbing the landlord in the apartment below. He had a seriously ill wife. The Project worker found the mother was slapping the children to try to keep them quiet. The worker made immediate arrangements for day care for the children and proceeded to help the mother locate another apartment and helped her to move into it.

18. A divorced woman on AFDC called demanding placement for her five-year-old whose temper tantrums were driving the mother to the "end of her rope." She seemed tolerant of the eight and seven-year-olds, but bitterly resentful of the five-year-old. Twelve friendly, supportive visits from the Project worker succeeded in diluting the mother's feelings toward the youngest child who had been born several months after the divorce. As the mother regained perspective and a better understanding of her feelings, the five-year-old responded to her mother's changed attitude.

19. The school alerted the Project to the Tupper family when one of the four children, a seven-year-old boy, was overheard to say there was no food in his house. A reachout home visit was made. The mother, an Indian, seemed overwhelmed by the fact that she was having trouble establishing eligibility for Social Security. She was living in a woefully inadequate apartment and had been told by the AFDC worker to look for another place to live because where she was living was a fire trap. The children were suffering from head lice. Lead poisoning was also suspected. Mrs. Tupper was not totally

look after the children, shop, cook and look for an apartment. The Project worker, over a period of weeks and with daily visits, helped her to get going again.

20. Mrs. Turner has four children, 14, 8, 7 and 6. She is alcoholic and well-known to both medical and psychiatric services in a local hospital. Recently she has been cut off AFDC because of failure to follow through on recertification procedures. The West Side Project was summoned when she had what appeared to be an acute psychotic breakdown and had to be taken to the hospital by ambulance. The Project worker arranged for an emergency caretaker during the brief hospitalization, visited regularly thereafter, helped to get AFDC restored, and forestalled eviction of the family. Focus on counseling efforts then shifted to the 14-year-old girl, who was reportedly promiscuous.

She was eventually referred to another agency for long-term contact.

21. Mrs. Washington is 21 and has a six-month-old baby. She came to Buffalo a month earlier. Her husband is in prison in another state. Friends where she had been staying are themselves Project clients, with many serious problems, and asked the Project to help Mrs. Washington find a place to live, and to get public assistance, as they could not keep her with them. Public assistance had been denied because she could not produce a marriage certificate and other identifying or residence information. The Project put her up in a hotel for several nights. (The hotel complained that she left the baby unattended and had disreputable looking callers at all hours of the night.) The Project helped her complete the public assistance application and guaranteed the first month's rent for an apartment. She made frequent use of the drop-in day care center while she hung around bars. She said she had to leave the apartment because it was too cold for the baby. A space heater was secured for her and the Project worker persuaded the landlord to make badly needed improvements.

Mrs. Washington was eventually referred to the County Child Welfare Services.

22. Mrs. Castilano is a schizophrenic who must be hospitalized periodically on

an emergency basis. Three of her five children have been in foster care for some time, but girls nine and seven remain with the mother. The hospital notified the West Side Project that the children were probably at home alone, and an emergency caretaker was sent in for a 72-hour period during which time some material goods were provided. The Project followed up for several months after the mother was home again.

23. An AFDC mother with children 4, 3 and 1, had to go into the hospital for an hysterectomy. Her own mother could be with the children during the late afternoon and for the nights, but she was employed during the daytime hours. An emergency parent was sent in to cover the gap in time.

24. A bridge to the protective services authority was made when one teenaged unmarried mother, who was herself a client of the Project, called her worker to discuss concern about a severe bleeding diaper rash and other evidences of serious neglect in an infant with whom she was babysitting. She had gained enough trust in the Project worker to turn to him. He sought out the teenaged neglectful mother, offered his help, and explained the need to report the situation to the protective services authority. He continued to follow up with the mother until there was evidence of more adequate child care.

25. Mrs. Benchley is a 41-year-old widow with a daughter in the tenth grade. The daughter is the unmarried mother of a seven-week-old infant. On three occasions, Mrs. Benchley called for help, twice because she had to go into the hospital and did not want her daughter to drop out of school. An emergency parent was sent in to cover the time when the young mother was in school. On a third occasion, the grandmother asked for permission to drop off the infant at the emergency day care home while she was at the doctor.

26. Opportunity to give needed help with child-rearing problems was often made possible by responding to a plea for help in restoring public utilities shut off for failure to pay a bill. Mrs. Burton was such a situation. She asked the Project for help in getting the gas turned on. The worker found a young widow living on Social Security with a well-developed,

five-year-old child who was still in diapers and being treated as an infant. It soon became evident that the mother had a drinking problem and frequently left the little girl alone. Sustained counseling and frequent friendly visiting yielded some improvement in the situation.

27. Mrs. Rodriguez speaks no English. Her husband had disappeared and she was without food or money. She appealed to a neighbor because both the 2½-year-old and the one-year-old had uncontrollable diarrhea. The neighbor asked the West Side Project to send a Spanish-speaking worker. She learned the children had had no solid food for several days, which may have been causing the problem. A $10 food voucher was issued and explained, and the mother was accompanied to the welfare department to apply for assistance.

CHAPTER IV

ANALYSIS OF COSTS AND TIME

An analysis of how Project workers used their time in relation to individual case situations—and at what cost—is also useful in understanding how families were helped. A direct service activity reporting system which makes such analysis possible was developed during the final year of the Project. It was determined that any of every kind of direct service on behalf of a particular family could be assigned to one of the twelve categories which follow:

1. Counseling
2. Intake, giving of information, etc.
3. Advocacy
4. Provision of foster care
5. Provision of caretaker service
6. Health related services (includes transporting sick children or parents to hospitals)
7. Outreach
8. Dictation
9. Staff Meetings
10. Meetings with community agencies
11. Case conferences
12. Supervision

Processing of staff activity cards for three (3) sample months—October and November, 1973 and January, 1974—enabled Project administration to present statistics (table 1) relating costs for time spent on the twelve categories of direct service activity.

Table 1

West Side Children's Service
Cost Report By Activity
10/1 - 11/30-73; 1/1 - 1/31/74

Direct Service Activity	Cost for 3 Months	Cost for 1 Month
1. Counseling	$ 1,335.92	$ 445.31
2. Info, Intake, etc.	1,261.14	420.38
3. Advocacy	403.22	134.41
4. Foster Care	561.02	187.01
5. Caretaker Service (includes $8,616.50 as cost of emergency parents and homemakers)	8,968.24	2,989.41
6. Health Related Services	964.24	321.41
7. Outreach	106.42	35.47
8. Dictation, etc.	479.66	159.89
9. Staff Meetings	1,312.34	437.45
10. Community Meetings	273.10	91.03
11. Case Conference	365.80	121.93
12. Supervision	360.46	120.15
	$ 16,391.56	$ 5,463.85

Table 2 reflects the frequency with which each category of activity was reported.

Table 2

West Side Children's Service
Number of Activity Cards Per Direct Service Activity
10/1 - 11/30/73; 1/1 - 1/31/74

Service Activity	Number of Activity Cards
1. Counseling	321
2. Info, Intake, Referral	714
3. Advocacy	118
4. Foster Care	114
5. Caretaker Service	158
6. Health Related Services	242
7. Outreach	37
8. Dictation, Record Reading	177
9. Staff Meetings	133
10. Community Meetings	51
11. Case Conference	139
12. Supervision	106
Total	2,310

Table 3 shows activity and cost in relation to type of activity for two typical cases active during this period.

Table 3

West Side Children's Service
Report of Cost of Service Per Sample Case
10/1 - 11/30/73; 1/1 - 1/31/74

Case No. 1

Function	No. of Hours	No. of Workers	Number of Activity Cards	Cost
Counseling	4	1	5	$ 22.40
Info, Intake, etc.	1	1	4	5.60
Case Conference	3		2	17.80
	8		11	$ 45.80
Cost of Homemakers or Emergency Parents placed during this period				-0-
			TOTAL COST	$ 45.80

Table 3 (Cont.)

Case No. 2

Function	No. of Hours	No. of Workers	Number of Activity Cards	Cost
Counseling	11	2	14	$ 48.28
Info, Intake, etc.	5	2	13	22.06
Advocacy	2	1	2	8.24
Foster Care	26	2	27	105.20
Caretaker Services	2	2	[redacted]	9.72
Health Related Services	3	1	8	12.36
Dictation, Record Reading	2	1	5	8.24
Community Meetings	2	2	4	9.72
Case Conference	3	2	9	13.84
Supervision	4	2	2	17.96
	60		86	$ 255.62
Cost of Homemakers or Emergency Parents placed during this period				1,510.00
			TOTAL COST	$ 1,765.62

In most instances, more than one worker reported activity on a particular case. Actual time and costs by worker and by type of activity are presented in table 5, which shows the total cost by case of fo[redacted] additional case situations active during the three months, October and November, 1973 and January, 1974.

Table 4

Cost Analysis By Case
10/1 - 11/30/73; 1/1 - 1/31/74

Case #66626

October Activities	Minutes	Per Hour	Cost	
Worker 1	230	$ 5.88	$ 22.52	
Worker 8	290	3.96	19.13	
			$ 41.65	$41.65
Type of Activities				
Counseling	340			
Info, Intake, etc.	50			
Community Meetings	40			
Case Conference	20			
Supervision	50			
	500	(actual activity time)+(20 travel)		
November Activities				
Worker 3	90	$ 5,83	$ 8.75	
Worker 8	140	3.96	9.23	
			$ 17.98	17.98
Type of Activities				
Info, Intake, etc.	90			
Counseling	60			
Case Conference	80			
	230	(actual activity time)		
January Activities				
Worker 8	180	3.96	11.88	11.88
Type of Activities				
Counseling	60			
Info, Intake, etc.	120			
	180	(actual activity time)		
			TOTAL COST	$ 71.51

Case #66145

October Activities	Minutes	Per Hour	Cost	
Worker 3	40	$ 5.83	$ 3.85	$ 3.85
Type of Activities				
Foster Care	20			
Case Conference	20			
	40 (actual activity time)			
November Activities				
Worker 3	260	5.83	25.24	
Worker 7	80	3.96	5.27	
Worker 9	600	4.34	43.40	
			73.91	73.91
Emergency Parent/Houseparent Service (1 child), 4½ hours @ $3.50 per hour				15.75
Food Voucher				15.00
Type of Activities				
Counseling	110			
Info, Intake, etc.	140			
Caretaker Services	60			
Health Related Services	310			
Dictation	40			
Case Conference	90			
Supervision	110			
	860 (actual activity time)+(80 travel)			
January Activities				
NONE				
		TOTAL COST		$ 108.51

Case #66233

October Activities	Minutes	Per Hour	Cost	
Worker 6	30	$ 4.12	$ 2.06	
Worker 7	20	3.96	1.31	
			3.37	$ 3.37
Type of Activities				
Info, Intake, etc.	20			
Case Conference	30			
	50	(actual activity time)		
November Activities				
Worker 6	110	4.12	7.54	7.54
Type of Activities				
Counseling	30			
Info, Intake, etc.	20			
Caretaker Services	30			
Dictation	10			
Case Conference	20			
	110	(actual activity time)		
January Activities				
NONE				
			TOTAL COST	$ 10.91

NOTE: In addition to the above costs, there were 2 days of Emergency Parent/ Homemaker Service which cannot be costed, because the hours spent are not available.

Case #65961

October Activities	Minutes	Per Hour	Cost	
Worker 7	230	$ 3.96	$ 15.17	$ 15.17
Emergency Parent/Homemaker Service, 4 hours		3.15	12.60	12.60

Type of Activities

Health Related Services	90	
Advocacy	60	
Case Conference	20	
	170	(actual activity time; 60 travel)

November Activities				
Worker 7	180	3.96	11.88	11.88
Emergency Parent/Homemaker Service, 4 hours		3.15	12.60	12.60

Type of Activities

Info, Intake, etc.	40	
Advocacy	60	
Foster Care	30	
Caretaker Services	20	
	150	(actual activity time + 30 travel)

January Activities				
Worker 7	70	3.96	4.59	4.59

Type of Activities

Info, Intake, etc.	30	
Caretaker Service	20	
Health Related Services	20	
	70	(actual activity time)

TOTAL COST $ 56.84

During the three months on which costs in individual case situations and division of direct service time are reported, total caseload figures were as follows:

Active Cases:	October 1973	205
	November 1973	109
	January 1974	116

It is regrettable that the activity card reporting system could not have been in effect throughout the full three years of the Project. Processing of the activity cards might then have yielded, for the total period, the statistics it can now present for a three-month period only. Had the system been in effect from the beginning, it would have been possible to present the following facts:

1. Cost of service by case.
2. Total number of hours of direct service activity by individual case.
3. Total number of hours of direct service activity.
4. Number of hours of direct service activity by the 12 descriptive categori
5. Total number of separate activities within each descriptive category.
6. Total cost of direct service activity and total cost of individual categories of activity.
7. Total unduplicated number of registered cases.
8. Total time for which individual workers were available.

CHAPTER V

STAFF CONSENSUS ABOUT SERVICES DEVELOPED AND TECHNIQUES USED

This chapter presents a first-hand summary of staff reflection at the end of the Project on the services developed and the techniques used. Free discussion and self-evaluation were recorded and then summarized directly from the tapes under the following headings:

I. Emergency Caretaker Services
II. Neighborhood Foster Homes for Emergency Placements
III. Day Care as a Resource
    Group Day Care
    Family Homes for Day Care
IV. Emergency Housing
V. Emergency Transportation Services
VI. Provision of Food
VII. Emergency Financial Aid
VIII. Emergency Clothing, Furniture, Household Appliances, etc.
IX. After Hour and Night Time Services
X. Baby Sitting Coordination
XI. Utilization of Community Resources
XII. Techniques and Methods Developed for Effectively Meeting Project Goals

I. Emergency Caretaker Services

This emergency service was given most often by women who lived in the community. They were sent into homes during the absence of one or both parents to take care of the household chores, to feed the children and put them on schedule with regard to school and other routines. The most frequent reason for the mother being out of the home was hospitalization. If the mother had serious surgery while she was in the hospital and could not take up her household chores when she returned home, the emergency caretaker would remain in the home for

a period of time to help. This may have been on a full-time or on a part-time basis, until the mother got her strength back.

The type we looked for to perform these services were people who were very competent in taking care of their own homes, who did not mind going out on short-term and part-time service calls. We hired those who were very aware of children and of their problems, and who felt close to children facing a crisis situation. The emergency caretaker for the most part was very alert and could make us aware of emotional or educational or other needs of children, as well as other needs in the family, even when they were not expressed by the parent.

We would hire only a person over 18 years and up to the age limit of 60. Many of the emergency caretakers hired were young college people, either working for their undergraduate master's or doctor's degrees. We did have a caretaker who attended a local college and was majoring in early childhood education. As to the neighborhood residents, they usually were people who had raised their own children. The pay for this job usually was $1.85 an hour for babysitting alone and $2.00 for child care and household care; most of the people hired were paid $2.00 an hour because of the emergency nature of the assignment. Their work included washing dishes, taking children to school, and whatever else might be needed.

We did not pay a retainer fee to daytime emergency caretakers—retainer fees were paid to the nighttime emergency service workers. We feel that if this Project were to be done again, we should have a few people on retainer fees who work during the day. This would help to keep down the high rate of turnover. Over the three years of the Project, to keep ten caretakers available, we have hired some 44 different emergency caretakers. We lost some good people because they needed full-time employment. Frequently some would work for us until they found a full-time job and then they would leave. We did use some people on Welfare and they reported to Welfare what they made working for us.

A schedule had to be prepared which would let us know at what time each of the emergency caretakers would be available. Many of them worked at other jobs and were available only at certain times. By paying retainer fees, we might have insured having a person available at any time, and this would have cut down on some of the turnover.

If there was a need for special equipment, the caretaker would take this along with her. There was a need for beds, mattresses and bedding because in many homes these were uncomfortable for a new person coming in and sometimes there was no suitable sleeping place. Caretakers frequently took their own equipment, toys, etc. with them into the home. An item of equipment that caretakers thought was necessary was a flashlight so that they could see their way up and down dark steps, and in case there was a power blackout. Another helpful device was a first aid kit that the worker could use. We found it useful to have diapers also available for use by the emergency caretaker or emergency worker. We encouraged the neighborhood residents to use their friends and next-door neighbors whenever possible before they called on us for this kind of service. However, we did not limit ourselves to such resources. Sometimes the next-door neighbor wanted to work as an emergency caretaker. If that person fulfilled our requirements, which were minimum, we would employ the person and schedule her time where possible. Those emergency caretakers who would be put on a retainer fee should also be covered by the personnel regulations of the agency and receive all of the fringe benefits, which would include periodic raises.

II. Neighborhood Foster Homes for Emergency Placements

We used families that lived within the neighborhood of the Project as emergency foster homes. These homes were used for short-term placement purposes—that is, for a period of from one week to three months. For any longer-term placement, referral would be made to a traditional placement resource in the community. For the first year and a half of the Project, foster home parents were selected in the community, but the home was not officially certified. As the Project developed, it became necessary to make these homes legally acceptable. That is, they had to be certified by the parent agency as foster homes under regulations of the state of New York. The Project met its first difficulty in this area.

The Project was primarily interested in being able quickly to make placements of children under crisis circumstances. Generally, such placements were for short periods of time. In the parent agency, foster home certification had developed over the years to meet program needs for relatively long-term placements which were made under less acute circumstances. As a result, a number of adjustments were required between the two staffs. There was some incidence of

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conflict when these differences in approach were inadequately understood or communicated. Parent agency staff members were accustomed to a detailed psychosocial and historical approach which tended to be different from the problem-centered, crisis-oriented approach of the Project. Being located in the neighborhood brought the Project workers much closer to the families, so that it was almost a daily contact between the worker and the home. In the traditional setti home visits were less frequently made. There seemed to be little knowledge on th part of the central agency's certifying personnel of the cultural background of the families to be used. The parent agency usually used the middle class white standard as to what was a good home. Many of the Puerto Rican, Black, and other ethnic families were one-parent families. The American Indian families were quite different from the Puerto Rican, the Black, and the White.

The Project staff worked with the homes in relation to their knowledge of the neighborhood within which they were located. The parent agency worked with foster homes within a content of the assumption that standards were equally appli cable, whatever the neighborhood setting.

The responsibility for doing the family studies for the Project was placed on the two Project supervisors. The Project supervisors frequently dropped by the homes and visited the families, getting to know the parents and children well, and gaining knowledge about the life style of the families. The families seldom, if ever, came to the agency for appointments. Now as to the way the pare agency operated, it was the responsibility frequently of the parents to visit and follow through on an appointment made by the parent agency staff. The parent agency staff would usually make one visit to see what the family or living arrange ments were. An example of the difference in the approach can be seen through an example of one family applying to become a foster family, giving the worker information about another family in the neighborhood, in this instance the other family being that of a sister of the person being interviewed by our supervisor. The sister commented that she would not let her own sister babysit for her children. This is not to say we did not make mistakes; of course there were a few. However, there is no infallible test for the reliability of a family. One mistake we made had to do with a family that was a very warm and loving family. They were very kind, loving and warm to their own children. They seemed to be very aware of some of the emotional problems children have. However, this family turned out to be very unreliable and undependable, and you could not really count

no true test for reliability except experience. When you make one mistake in an emergency placement with a family like this, you do not make another one.

Another problem had to do with a woman who was very good in performing and providing services for her child, but she was not very good in the area of confidentiality. She was in contact with another agency in the area, and gave out information to that agency about the family of the child she was keeping. We did not think this conduct was appropriate and we did not use her again.

Another problem in service was that we discovered people in the neighborhoo who were adequate to perform foster care services but who did not have the neces sary furniture or room space so that we could use them. In the cases where furniture was the problem, we had money in our budget to buy some limited things such as mattresses or a bed in order to help that family qualify.

We feel that the state regulations are overly strict, particularly with regard to the fact that each child must have his own bed. We know that children frequently like to sleep together and at night a child living at home may crawl into the bed of his parents for comfort. Yet our main difficulty came with the difference in the style between the worker in the central staff and the worker in the neighborhoods and his approach to neighborhood people. One example of this was that Native American Indians would frequently take children into their own homes, but would not accept any money for it because they do not want to be involved with the state regulations. Another problem frequently met was the bias of the middle class worker who works in a depressed or deprived area.

As we come to the end of the Project, we note that only one emergency foste home is being continued with the central agency. This relates to the fact that the homes used by the Project were developed as short-term emergency placements, and the foster parents wished to withdraw when the Project was closed. There is indication that the foster parents primarily identified with the Project, not with the parent agency. With the experience we have had, there is indication that the certification process could be more effective if there were clear identification of the purpose for which the home was to be used. We feel that certification for a short-term, crisis-oriented foster home is different from that needed for a long-term placement which can address the psychological disturbance

of a child. These differences should be reflected in differences in the regulations for certification.

Not being familiar with the life styles and the culture of a different gro the worker from the traditional agency may make some unwarranted conclusions about a family which would rule that family ineligible for foster home placemen .The worker will not feel comfortable with that family, and is incapable of seei the needs through the eyes of the family. In the worker's perception, the fami does not meet the needs.

In evaluating a potential foster home from a minority ethnic group with considerable alientation from the dominant society, such as those with which we have worked, we feel it is important that the worker have a background of understanding of these ethnic factors and how they affect the appearance and interaction of the groups, and their communications are affected by culturally determined customs prescribing how communication can take place. Such families may appear at first to be uncommunicative, if the worker does not understand these customs.

At the end of the Project, we had four Native American foster families, three Puerto Rican, and one White family. For the first one year and a half of the Project, we did not have any Native American foster families. Most of the families we used had their own children in the age group of three to five. These were pre-schoolers, and there were some early elementary school children also. The parents were young; they were not teenagers, but they were in their twenties—sometimes in their thirties. Generally, the educational level was pretty low, maybe high school. Generally they were not home owners. As to employment, they were generally marginally employed or on Welfare.

As to the training of foster parents, the foster parents requested that the agency, during its monthly meetings, provide them with information around human growth and development; they sought information about how to handle children. They wanted to know how to handle different behavior problems that children migh manifest in their care; they wanted to know how to amuse a child while the child was in their care. The foster parents wanted to know more about first aid. Whe the Project was first developed, all of the foster parents went through training with the Red Cross and with the Visiting Nurses' Association. This training

initially was given for a two-week period. Now, all of the original foster home parents are no longer in the group. There should be ongoing, continuous trainin over the same ground that we discussed above, as well as some additional items. We tried to provide the foster parents with some information and training about ethnic cooking and food for the child who comes from a different ethnic group. This arose especially with the emergency caretakers who had to go into the famil home of another person while that other person, usually the mother, was in the hospital, and prepare meals for the family. This means that the emergency worke must know how to prepare Spanish food if it were a Spanish family, Italian food if it were an Italian family, or soul food if it were a Black family. There was a conscious effort made, however, to try to place a person from the same ethnic group, or to place a child in a family foster home to match the child's ethnic identity. For example, if a Puerto Rican child was placed in the home of a non-Puerto Rican, that family would have to prepare food which was familiar to that child. In the case of a family receiving an Indian child, the family should know how to prepare corn soup. In some instances, children were placed cross-cultural Sometimes with the turnover of foster homes and emergency caretakers, we had to use people from different ethnic backgrounds.

There were many reasons why the decision to place a child in a foster home was made. Some of these reasons had to do with eviction or the moving of a famil no money in the family and no way of getting it; fire or a burnout; hospitalization of either parent, particularly the mother; or emotional problems of the mother to the extent that the child had to be removed. If the family had to move into temporary housing and there was no place for the child, this being a temporary situation, a child could be placed in a neighborhood foster home. In one instance, a mother had failed to apply for recertification for Welfare, so her checks were stopped, all the utilities were cut off, and she was faced with an eviction. It took quite a while for her to get back on Welfare. During this time, the child was placed in a foster family home and the mother went to stay with her own parents.

We found the most effective way of locating and recruiting foster parents was by word of mouth. We were fortunate that in our outreach effort and in our attempt to build up a community advisory committee, there were some people in

the committee who wanted to become foster parents. We were able to use them successfully in that way. We found the least effective way of getting foster parents was through radio announcements and posters placed in businesses in the community. A more successful way of recruiting foster parents was to place fly under each door or in the apartment of a person we visited through our outreach effort. Some of the foster parents were themselves former clients. At the end of the Project, we still maintained and used two foster homes, and both had been former clients. They had come to the agency because they needed advocacy help.

When we felt there was a need to develop more foster parents, the technique was to send the word out into the communities through other clients or other foster parents or emergency caretakers. This always resulted in filling our need for the moment. However, this is not to say that in the beginning we did not recruit through advertising.

The rate at which we paid foster parents in the Project was higher than that paid for regular long-term homes. In the Project, we paid $12 per day per child. Other homes in Erie County received $125 per month.

III. Day Care as a Resource

Group day care. The Project used day care centers whenever there was an indication of a child's need for structured educational, social, and emotional group environment. This occurred in cases where there was neglect or long-time deprivation. The two day care centers provided regular reports to the Project on a child's progress. We regarded the day care slots as an enrichment resource for the child for the purpose of helping him develop along normal lines; and to have experiences he had been denied. Such need could be detected in his speech and in his behavior in playing with other children. The day care center provided a structural arrangement for him different from chaotic conditions of his home. We found that there were many children in the neighborhood who needed this kind of service, but since the Project was coming down to its last few months, we were not fully able to evaluate the service which these day care centers made possible. We paid a daily rate of $5.80 - $7.00 per child for this service and received reports regarding the level of functioning of the child.

The day care centers provided us with the highest level of staff competenc All of the rest of the services other than counseling were performed by neighborhood people for the most part, but the teachers in the day care centers were professional educators. All were trained to detect emotional and educational deficiencies and to work toward remediation. We had planned to develop in our experiment two different kinds of day care service. One would be in a day care center for very short periods of time, so that the child could come in one day and go out the next, or he could come in for a couple of days, or maybe a week, and then return to his home. The other day care service we had planned to use when we determined that a child was really in need of an experience in group living and limit setting. We wanted to place such a child in a setting like that for three to six months, so that he could benefit from that kind of experience. The short length of the Project prevented our learning much about that and the effects and outcome of that service. We feel that the child and the pa could benefit from a closer relationship with a day care service. such as the ones with which we were experimenting. In the depressed and deprived community there is frequently a wide variance in the kind of care that a child receives. Also, there is the difficulty of being able to get the parent to agree to use this kind of service for the benefit of the child. In the worst case that we found, a parent refused to let the child go to a day care center.

In the light of our experience, a crisis services agency should set up its own day care center. It could be used for many more service needs which were less well met by other services in the neighborhood.

We are pleased to report that use of day care was stimulated by the exampl of our Project. The local Mental Health Authority, after discovering how we were using day care services, also contracted with the same centers for carryin out day care services on their behalf. The local children's hospital also developed day care services which they called Respite Services. This meant that the mother would have a few hours or a day away from the child to do some of th things she wanted to do. In the parent agency's Reach-Out Project, there was de veloped a housewife's day out which occurred one day each week. A mother could leave her child at the agency for the afternoon or for all day, which permitted her to do a number of things for herself.

Family home day care. The family day care homes were used as drop-in resources—places where a parent could bring a child and leave it. Usually this was within walking distance of her home; the parent could also make her own special arrangement to pay for the services, or to receive the services from a specific day care home. The family day care homes, which we used as drop-in centers, had been certified as temporary foster homes.

The family day care homes were a very informal kind of babysitting service. The parent could arrange, also, through the worker, to have this service available to her. It was generally used when a mother wanted to go down to the Welfare office and planned to be there all day, which is frequently necessary here, or if she had to go to a doctor's or lawyer's office and needed a place to leave her child.

Before the Project ended we developed one Spanish-speaking home. It worked out very well in the community. Since this family day care mother had to be certified by the state, there could be no more than five children in there at any one time, including her own children.

We used Project money also to provide some educational material in these homes; we also provided toys, books, and some small chairs. We spent about two weeks trying to develop an awareness of this service in the community. We used flyers and pamphlets to get the word around; we used this method also to locate families who would cooperate with other families in being available to provide the service. This was also used as a prevention service, available to parents when they needed it, to prevent leaving a child alone or with other less satisfactory alternatives. Parents could make their own personal arrangement in many cases without coming to the Project. Families used this service mainly between the hours of 10 a.m. and 2 p.m. When placed there, the children also were provided with lunch. We paid these homes $2.00 an hour, plus 75 cents per child for lunch when needed. The family day care mother received a retainer from us for the hours of 9 to 5 during the week, but not on holidays and not on weekends. If we had had more time for the development of this idea, we feel it would have been necessary to provide a person to supervise the homes more closely. A supervisor would have been responsible for helping to enrich this program for children as well as for developing other resources.

IV. Emergency Housing

We found early in the program that families in the area would come to us for emergency shelter when, for some reason, they no longer had a place to live. Some of the reasons were being a new arrival in the city, fire, or eviction, either by the landlord for non-payment of rent or by the family's own relatives. At first, and throughout the Project, one of the ways we met this need was to talk to other residents in the area to find space for a family in this situation. Also, we developed contracts with two hotels to provide space on an emergency basis for such families. We did not pay a retainer fee. Our first approach was to contact the Salvation Army and the Red Cross and other people in the neighborhood to find a living arrangement for a family; when these alternatives failed, we would shelter the family in one of the hotels. Sometimes it was not difficult to find space for a mother and her children; we experienced difficulty in finding space when there was a father present. The Salvation Army made only one apartment available for a man and one for a wife and children. Thus, the man and his wife would have to live separately. We had charge accounts with the two hotels.

Our process involved calling the hotel, giving the name of the family and some idea of the length of stay of the family. We requested that at the end of the family's stay the hotel send the bill to us for payment. We also told the hotel to bill us for food served the family when the family used its restaurant. We made an agreement that the hotel would call us at the end of the third day of the family's stay, or we would call them. If the family wished to stay beyond our period of agreement, the family would have to pick up after that and pay their own bill.

We doubt whether the hotels were appropriate. If we had to do it again, we would choose a higher quality living arrangement. We should point out that the management and all the staff in the hotels were nice and very cooperative with us, and left little to be desired in that area. We feel that our need was not great enough to rent an apartment or house and keep it available for these purposes, and that such facilities would have been underutilized. We also believe it would have been too expensive and there would have been other problems that we would not have had time to deal with.

Our average use of the hotels was for periods of from three to five days. Perhaps we used them twice per month, and not at all during some periods.

While a family lived in a hotel, our worker was actively working to help them find a place to live, counseling the parents, and seeking and providing other needed services or help that the family could use. This included providing clothing, utensils to cook with, and other items to get the family started again. Services included helping the family to get on Welfare when this was needed.

One instance in the use of a hotel had to do with the arrival in town of a husband and wife with nine children from New York City. They came in a car with a trailer attached to it. They "shopped" among other agencies to find a place to live. We received this referral from another community agency. Usually such families came here seeking other relatives or seeking a better way of life. Referrals for this service came from churches, health centers, and the Catholic Church. Even Travelers Aid called us one time. We do not recall a self-referral coming to us for housing.

We think that in communities with better housing, it would be possible for a Project such as this to contract with neighborhood residents to provide emergency service on a call basis. However, in a depressed and deprived, run-down housing area such as the Project area of the West Side, many of the families are already crowded and practically all of them have only sufficient room for their present existing families. Based on the knowledge we gained from trying to serve a few needs such as this in the neighborhood, we feel that agencies should beef up their shelter resources in order to meet this kind of need more adequately.

V. Emergency Transportation Services

We had a contract in the Project with one taxi service that operated two taxi companies. A client would ride in the cab that we called for him or made available to him, and sign the slip for the cab driver. The cab driver would turn the slip into the company and the company would bill us. We also used the workers' cars in extreme emergency cases. Part of the time we were able to use a carry-all station wagon. We also gave out bus tokens when there was no immediate emergency and the person could use public transportation.

None of the workers in the Project had special insurance on their cars to cover this kind of service. We would recommend that if, in the future, workers have to use their cars in this way, a differential be arranged so that they could pay the extra insurance charge. However, the workers did not really concern themselves with this technicality. What makes taxi service necessary in a Project of this kind is the fact that transporation is so poor that it cannot be relied on to serve the neighborhoods. It is apparent that deprived neighborhoods receive less efficient bus service than any other part of the community. In those instances when the worker would take the client to a hospital or to a service resource in his or her own car, it provided the worker the opportunity to discuss many things relevant to the family situation in transit. Taxi services were used depending upon the perception and judgment of the individual worker at a particular time. There were times when a worker would never be able to detect whether it was a real emergency or if transportation could have been provided in another way. Sometimes a client can be very demanding and it presents a situation to the worker out of proportion to the real need at the time. Thus, it is very hard for the worker to distinguish between a real crisis as he perceives it and a crisis as perceived by the client.

However, as the Project progressed, we instituted a checking system controlled by the supervisor to insure that these services were properly used. Because Buffalo does not have adequate bus service, we found that the use of the taxi was necessary. We feel there should be bus tokens available and the worker should have his own car and use it, in addition to the necessary taxi services. Access to a Project vehicle is essential. One worker had a motorcycle and used it in getting around the neighborhood. This meant that it could not be used for a client's purposes. In the final stages of the Project, we encouraged clients to use the bus and we made bus tokens available to them. The quality of service rendered by the cab company was the same that the company made available to anyone else, and they made no special efforts to serve us. On a few occasions we called for ambulance service and used it. Because the taxi fare is so high, we did not encourage people to become dependent on this service, because poor people do not have the money to use cabs on a regular basis. We did not have a language problem with the cab drivers. When calling the cab company, we would tell them the name of the person, where to go to pick him up, and where to deliver the person.

With regard to bus transportation, there were instances in which the case aide would escort the person on the bus to the place he wanted or needed to go. There were instances in which the worker had to train the client in using the local bus service.

Neighborhood residents also provided each other with transporation services, and we encouraged this at every step along the way, whenever it was possible. Ethnic groups differed with regard to using transporation. With the Spanish-speaking people, there seemed to be closer ties and more reliance on one another for transportation. There were some Native Americans who felt alienated from the community, and were more dependent on us for transporation, particularly the Native American alcoholic who felt that he was a disgrace to his own communit and did not want to ask anything from the Indian community. Many of the poor Whites that we worked with were more isolated and dependent on us for services. Among the Blacks, the recent immigrants from the South did not have close ties with other members of the community, and therefore had to use our transportation services more often.

VI. Provision of Food

Getting food on an emergency basis to children in crisis and their families was an absolutely necessary service. We made arrangements with three stores that would accept the voucher signed by our worker, hand-carried by the client, to the store. Food vouchers ranged from $5.00 to a limit of $25.00. We contracted with two Puerto Rican stores and one Italian store. We also had an agreement with local supermarkets.

After accepting the voucher and having it signed by the client, the store would total all of the vouchers and send them to the agency at the end of the month for payment.

At the beginning of this service, there was a tendency on the part of the workers to overextend this service to clients. The vouchers totaled $500-$600 per month. We began to work more closely with the workers and have the supervisor review the use of this service. Group sessions were held with the staff to help them understand the implications and meaning of food requests, hunger, and how they were handling it. At the early stages of the Project, we had one

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worker who became well known in the community because of his generosity with fo vouchers.

We did not restrict or limit in any way the quality or types of food products purchased by the families. We have no examples of abuse of this service. We feel that all families used the vouchers and purchased food wisely. Staff attempted to determine if there was a real need for food; there was no other eligibility requirement.

We had a problem with one of the stores sending us people for food. It seemed as though the store owner would tell people that they could receive free food from us. Because he did not stop this, we had to discontinue using his service.

Of all the ethnic groups receiving services, the Native Americans used this service less than any other. We believe there is a cultural reason for this—perhaps they prefer to work within their own family arrangement. At one time our Native American worker gave some food vouchers to one of the chiefs. Usuall Native Americans helped each other out, and if there was hunger they would take a pot of soup to a family.

Many of the families we gave food vouchers to were families who were cut off from Welfare by re-certification; other families could not quality for Welfare and had no other food resource at the time. In our experience, it may take between six and eight weeks for a person to become re-certified for Welfare, dur which time they do not receive any allocation.

When a family requested food, a home visit was made. During this visit we would find out from them how long it would be before their regular channel for purchasing food would be restored. We also informed them that we could not continue to feed them for any extended period of time. We also suggested to ther that they use their relatives and friends as resources for food. We explored with the families other possible sources for food in a crisis situation.

Late in the Project, we advertised for food products and canned goods. We received many donations which we put on our shelves. When a family needed food, we also looked among our canned goods and provided them with what we had. At one point, we tried to set up a system with the ministers in the community by which they could stock canned goods and other foods and make them available

to the residents who needed them. These storehouses of food could be kept in the community on a continuing basis. This never really caught on with the churches. The question may be asked in providing crisis services for children how the provisioning of food to these families would be ranked as a priority item. The need for food service in a Project such as this should have emphasis. We feel that other resources for the provisioning of food should be available in the community We feel that we could not adequately deliver child crisis services without having this service available. For example, if the police gave us a crisis call at night and we had to go into that family home, and it was discovered that there was no milk there for the children, we would have to be able to provide that service. There is nothing worse than having an unfed baby on your hands. It is generally agreed that, if a Project were started again, it might be possible to have a supply of nonperishable food, with perhaps the addition of dried milk, and food vouchers may be minimized in that system. If the food vouchers were used, the only purpose would be for fresh meat and vegetables. But we believe the best thing would be to buy the food out of the local market and not stockpile it.

One conclusion we derived from our food service system was that it is totally wrong for the Department of Social Services not to provide emergency food to families. We feel that the present administration of the food stamp process makes it unuseable for many of the families that need food, because of the need for cash. The Department of Social Services, by having a poor system of supplying food and food stamps, forces other agencies to feed hungry children.

VII. Emergency Financial Aid

Each office had a petty cash fund of $25.00. This was renewed whenever we spent it all. Frequently we used the money for diapers, because we found that if a family had small children and needed food, they also needed diapers for their smaller children. Thus, diaper money came out of the petty cash fund. Occasionally, we bought milk out of petty cash. These were instances where the family had some food, but nothing for a small baby. We also used our petty cash to buy special medicines for a family when they had a prescription and could not afford the medicine. We also purchased shampoo for head lice. At one time there was nearly an epidemic of this among the small children in the community.

Later in the Project, we began to stockpile diapers and make them available to emergency caretakers, foster parents, etc. We contracted with a drugstore for the provisioning of medicine and other medicinal products that the family might need. This worked as a charge account and the drugstore would send the bill to the parent agency at the end of the month. When a doctor provided a prescription for a child during a medical emergency, we would buy that prescriptio for the family. Most of our parents were on Welfare and had the use of Medica

There were occasions when some families asked for loans from the Project. We referred them to another agency; we never became a money-lending resource in the community. We have received requests from families to lend them a security deposit, usually in the amount of $100, to be placed on an apartment. This was because they did not have the money themselves to secure the apartment, even though in many instances they did have the money to pay the first month's rent. We handled this by talking with the landlord to let him know that the agency would stand behind the person as the person sought to meet this need through qualifying for Welfare or getting the money from some other source. We encourag the landlord to accept the families without the deposit; this worked in some instances. Also, in some cases, the family was able later on to get the money and give it to the landlord. On a few occasions, we did authorize amounts up to $50. Some families repaid the loan of the money, which went back to our business office as a credit to the Project.

Another financial need that we met in emergencies had to do with gas cutoff, usually in the late fall when it began to get cold. We worked with the gas company and collaborated with them on most cases. There were instances when we had to pay part of the back bill in order to get the gas turned on for the family. In some instances we used our petty cash to buy space heaters for the families. Later we would get checks made out to the company for the space heater Now, however (and in part as a result of the Project's advocacy efforts), the state law limits the ability of the gas company to cut off a family's gas due to non-payment of the bill.

VIII. Emergency Clothing, Furniture and Household Appliances

We provided clothing to children and to families when the need was clear. For the most part this consisted of coats, shoes and rubbers or overshoes for children in the winter.

A number of churches would bring in clothing, toys, etc. We kept these items at one of our offices and people were invited in to see if there was something they could use. This worked out well. We had mostly children's clothes stored in our offices. For furniture and refrigerators, we had resources—names of people who might be able to donate and indicated that they would. Refrigerators were needed frequently. For Christmas, toys were donated from manufactueres and were made available to parents who needed them.

IX. After Hour and Night Time Services

Extended hours. One of the offices was well used by the Spanish-speaking community during the period in which we experimented with remaining open after five, especially during the summer and early fall. Neither of the two offices was well used during the winter months. Buffalo winters are very cold and very windy. People in these communities remain indoors trying to keep warm. We hired a number of people part time to work in the office.

Usually the atmosphere in the office during the extended period was very informal. People from the community would come in and sit down and talk to the worker, even when there was no apparent problem involved. Workers kept a log of all calls and referrals and walk-ins during this period.

In a community where the winters are warm, or where residents can expect even mild winter weather, extending office hours might be helpful to the residents. However, in such a cold and windy place it is not economically feasible to operate an office such as this in the winter—people just don't come out. Also, there are very few calls to the office for service during these periods, because neighbors cannot see what is going on in another family home or with the children. However, in a housing project, if there is a problem with one family, it is likely that the next-door neighbor may overhear the problem through the walls of the apartment building or the housing project. When two people were in the office, one person could make home visits while the other remained in the office to handle the phone and walk-ins.

Because we had the 24-hour answering service and emergency service workers available, we questioned the need for extending office hours. Unfortunately, our answering service was not bilingual. One of the main reasons for extending hours is to let the community know there is a service available to them if they need it. A crisis may or may not develop, but the community becomes aware that someone cares and that a service is available. In keeping an office like this open, it must be realized that many of the other community services close, and sometimes we would be unable to contact them until the next day. One of the major services provided was, of course, counseling, in enabling the parent or family or child to endure the situation until the regularly established agency or service resources were open. However, if it was a real crisis which involved a health service such as a hospital or emergency room, of course that service was provided.

24-hour emergency service. The 24-hour emergency service was used after the offices closed. We had available a commercial answering service by which a neighborhood resident or person needing service could call and get in touch with the worker. The answering service would either call the worker's home (they were provided with a schedule), or activate the electronic device ("beeper") which the assigned emergency service worker carried with him. When the beeper was activated, the worker would call the answering service and receive from the operator the details of the crisis. Details included the name, address, cause of the crisis and concern, and any other pertinent details which would be needed by the worker. Other details might include the telephone number, the name of the individuals in the family, or what the family had done before calling the answering service. The answering service was also useful to the individual worker if and when a family member wanted to get in touch with him. Relatives could call the answering service and the service would activate the beeper; the worker would call the operator and the operator would give the worker the message. The Native American worker utilized her home telephone more frequently than the rest of the staff. There were indications that this was particularly appropriate, in that service was more acceptable to Native Americans when there were fewer reminders of an office, an auspice, and other trappings of "officialdom."

We have no recorded incidents of a worker being threatened regardless of the hour of night or time of year. This could be due to the fact that the agency was well known in certain parts of the community, as well as the individual worker

being a personal friend in terms of the relationship as seen from the point o view of the neighborhood resident. This is not to say that the neighborhood did not contain people who were dangerous or who would perform antisocial act

It should be noted that, with the answering service speaking English onl we were not able to serve those people in the community who spoke only Spanis We could tell something about the use of our answering service by counting th number of people with Spanish surnames. But we were unable to learn of those cases where a person who spoke only Spanish called for service; there was no record of this. Our usual caseload was two-thirds Spanish speaking, about ha of whom spoke only Spanish. We feel we lost a lot of people simply because th answering service spoke only English.

We never satisfactorily resolved the answering service problem.

We might add at this point that the Child and Family Services, the parent agency, also operates a 24-hour emergency service. Referrals were made from that program to the West Side Children's Services Project, when the call originated or the service to be delivered was in our Project's geographic area.

The personnel utilized for our nighttime emergency service came principal from the regular assistant social worker staff who worked during the day. Schedules were prepared so that there was no conflict and a worker could take time off and not have to work continuous shifts. The emergency service worker always had available to him a back-up from his supervisor. He could call and get consultation any hour of the night from his supervisor for any case that arose. We found using our own personnel for this emergency service more succes than having another staff of part-time employees. However, in some instances, we were able to use the husbands or wives of the regular employees to substitut during the night session. The younger staff people enjoyed this kind of relati ship, whereas the older people on the staff were not as flexible. Further, we feel that full-time staff members may be more dedicated to the aims and goals and objectives of the program than part-time workers. Also, we could always ch back with and locate the full-time workers, whereas communication with part-tim workers was often difficult because of irregular working hours. Fortunately, the night service personnel did a fantastic job, and we concluded that their service was above and beyond the call of duty.

We feel that the night worker should in some instances carry with him into the neighborhood the services of a policeman. There was a call from a neighbor that a child had been left alone in an apartment. The night service worker went to the apartment and found the child alone. The worker called the police and picked up the child and started out of the apartment. Just as he was leaving, the disturbed and alcoholic parent came in. This could have been a dangerous situation if it had not been for the presence of the policeman. The parent at that point had to explain his absence from the home.

X. Babysitting Coordination

The babysitting coordination never developed to any significant degree. Attempts were made to organize the mothers into a cooperative babysitting arrangement, but this did not work. At the same time there were a number of mothers in the community who helped each other by babysitting.

One method of working with the babysitting concept was to develop a list of parents in the neighborhood who would be available for babysitting services. We would then make this list available whenever a person called us for that service, or needed that service, or even thought they might need that service in the future. This, we feel, would have been a convenience for other mothers in the neighborhood and not necessarily a part of the service that we delivered centrally. Yet, anything that we did to prevent a crisis from arising in the neighborhood would be useful to the residents. A person should be able to find a babysitter if there is a need. Frequently, a service like this can act as a preventative and provide an additional resource for the parents, without costing the agency. In the long run this would have been a good idea. We did not have sufficient time toward the end of the Project to fully develop this idea. We did, however, have the names of a few people in the neighborhood who would perform this service and we made this information freely available to the residents. We were able to develop lists of about seven people who would perform the service in the community. When a person expressed interest in delivering this service we would interview that person, get his name, address, telephone number, the hours that he would be available and the amount he wanted to charge for the service. We would add a few other items which would relate to language and cultur As a preventive service we would rate this as a service of low priority, as child crisis problems go. However, we did not have long enough to work with this to

Recommendations to an organization setting up this service would be that these parents could be organized into a babysitting club and sell their services to other residents. As such, they could set standard rates and take up the gaps and lacks in time and also standardize the quality of service delivered. Babysitting service in some homes, we found, were enrichment services. In other homes it was purely baby watching.

XI. Utilization of Community Resources

When this child crisis program was set up in the community, a number of agencies were called together and presented the Project proposal. All of the agencies responded very favorably to the establishment of this service in the community. All of those present at that time indicated that they would like to cooperate and help us as we began to develop and deliver service. As the Project went on we began to develop formal agreements with many of the agencies. These formal agreements were in the form of letters of intent, letters indicating cooperation, letters welcoming the program into the community, and finally a stipulation of the services that would be reciprocated where the program overlapped with another agency's program. An example of the overlap between our program and another is the case of the Salvation Army Food and Shelter Services in the community. However, its services were limited with regard to shelter as pointed out in another section. We have made some recommendations about that.

The Catholic Charities Family Counseling Agency and our Child Crisis Project at a very early point cooperated enthusiastically with each other. Families were referred between the two agencies, and frequently we worked together jointly on a family needing the different services. We found frequently that residents would use the Catholic Charities Family Counseling Center because it was located in their neighborhood, rather than use our parent agency service because it was located downtown.

There were services which were available to people in this community only through the downtown office. One of these services was adoption and another was long-term care. These services were given by Child and Family Services and the Department of Social Services of Erie County. Thus families had to go to downtown offices for these services. We coordinated our services very well with the Erie County Department of Social Services, the income maintenance section.

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Frequently, we found that our worker was very familiar with and knew the worker responsible for our families. Coordination ran smoothly when workers knew each other. Difficulties sometimes arose when the hierarchical structure of both agencies became involved. Early in the relationship, our workers took an advocacy stand on the part of our clients and their relations with workers and the Erie County Department of Social Services. Toward the end of the Project we were informed by OCD not to become so broadly involved with total community need, but to concentrate only on cases involving child crisis and pre-crisis. As the Department of Social Services became more familiar with us as a special Project, they began to work better around cases and problems with us so that at the end of the Project our relationship was one of cooperation. We did not rely on formal means of communication, such as receipts and other documents, but worked out our problems with each other case by case on a very informal basis. This was more successful.

We developed a cooperating relationship with OEO West Side Neighborhood Center under the Local Community Action Organization. Some of our staff even took time off to participate in the protest meeting in Washington, D.C. to encourage the continuation of the OEO program. Staff members from the Project also were on the Advisory Board of the West Side Neighborhood Center. The Director of the West Side Neighborhood Center was formerly one of our neighborhood parents and performed services in this area. We feel that we developed her as a neighborhood leader. Our two staffs worked jointly on many community projects. Some of these projects included housing, appliances needed by the community, and whenever a child crisis preventative situation arose we were informed about it. Our two agencies worked together in forming a small coalition of agencies in that area. One of the agencies cooperating with us to a high level was the local Children's Hospital, which was within our service area. We provided taxi service for them and escort service for families needing our help and who were referred by them to us. They provided immediate service in certain areas for us also. This would include psychological services and emergency medical examinations for children and parents. The Children's Hospital Social Service staff participated in many of our in-service training sessions and we reciprocated. The hospital referred to us also cases where the mother was being hospitalized and there was no one to care for the child. We investigated these cases and, where needed, we attempted to help

We worked very closely with the Native American Social Services. This was a storefront organization for the purpose of helping the American Indian in the community with food, clothing, shelter, recreation for the children and organizational services. This agency had no budget and the social services were donated by a person from the University of Buffalo School of Social Service. Our Native American social worker helped coordinate the work of the two agencies. One agreement worked out with them was that we would pay $5.00 as a fee to them for clothing which they had in abundance, for families who lived in the neighborhood and needed this help. Also, we would purchase from them used items of furniture and make that available to neighborhood residents, regardless of their ethnic background.

The West Side Health Center, an indigenous group of health service personnel, cooperated with us. As pointed out above, we used some of their staff to man the extended hours program. One of our full-time workers, and some part-time staf were recruited from them. They provided transportation in the early stages of the Project for many of our families. We extended to those child crisis families they served the services of our program, where needed, but we retained the decision-making authority and selected those pre-crisis cases needing help.

Police Precinct Number Ten was a very useful resource for us. It took a long time for them to accept us in the neighborhood and to use us. In the last six to eight months of the program, the Police Department increased their referral services and frequently would involve us with problems they encountered. They came to regard us as a highly useful service in the area. We would also call them whenever we felt we needed their service and they always responded.

We received the cooperation of so many churches it would be pointless to list them all. At one time, a relative of our staff member developed a part-day school in art for children in the community who needed and could use this part-day service. We referred several children to this program. We also supplied some of the art material used in the program. We worked with the concerned Ecumenical Ministries Association, Catholic churches and Presbyterian churches in the area.

We had informal arrangements and excellent working relations with many of the principals and school officials in the area, including the counselors. It

is our feeling that the school principals did not want written agreements with other agencies.

We experimented with exchanging workers with some of the area agencies. One agency we experimented with was the clinic in the Lakeview Housing Authority Another attempted placement was with the Children's Hospital. We encountered two problems with such exchanges: (1) The worker placed out in another agency frequently is assigned chores and duties as though he was on their staff, rathe than handling those kinds of problems that our agency would handle; (2) The pers assigned to our office was underused because of the difficulty of assessing an effective way to involve him in the different program. Our experience would indicate that it is better to accept referrals as they come into the office than to establish outposts in the office of another agency.

We also outposted a worker with Project Pathway, a mental health project in the neighborhood. Principally, this was for translations. The need was for Spanish-speaking manpower and not directly related to our objective of service in child crisis and pre-crisis problems. Our purpose in assigning a staff member was to scan the cases coming to them and pick out those potential or possible child problem cases, which we then would accept and serve. Also, we would be able to inform potential clients of our service.

We want to include the fact that we did have disagreement and problems with some of the agencies understanding our services and vice versa, our understanding their services. There were instances when workers in other agencies attempted to manipulate us and use us, rather than working out a planful agreement or arran ment for the betterment of the client. In one instance, we began to detect that an agency was using us purely for transportation services. We discontinued with that agency the extension of this service to problem families. Also, a problem developed concerning our work with them as an advocate for the client, and we had to have a case conference with that agency to iron out their misunderstanding of our service. They knew that we provided food, clothing and emergency shelter, and on some occasions, when they too provided the same service, they tried to manipulate us in this area, we feel. In some of these cases, we feel the client was shopping for service and just played these agencies against each other.

At one point, we went with two other agencies to the Department of Social Services for the purpose of getting Social Services to reimburse us and the other agencies for all relief money that is expended in the community by these agencie We were not successful in getting reimbursed, but we were successful in making them aware of their responsibility as mandated by law. We were successful in starting in the West Side community a group of agencies meeting together, usuall on Tuesdays. This initiated a neighborhood coalition, which will continue as we leave the area. Five agencies were involved in this coalition: Catholic Char Family Counseling Service, Native American Social Services, the West Side Health Service, the West Side Neighborhood Organization, and the West Side Children's Services. These meetings were used as a clearinghouse for problems and as an information exchange.

We also held many joint meetings with agencies in order to eliminate the duplication of services.

Many of our staff members were on various boards and committees around the community. Staff also became interested in many of the causes that were of concern to the community. Some of these causes were the establishment of a municipal health center; the need for Spanish-speaking personnel in some of the publi agencies; lead poisoning and sickle cell anemia; and the problem with the shut-off of public utilities.

We found it comparatively easy to deal with problems between the Project and other agencies when a worker from our staff could work directly with a staff member from another agency. However, when problems developed which had to do wit administration of other agencies, it was much more difficult to settle differences

XII. Techniques and Methods Developed for Effectively Meeting Project Goals

In our Project area, one of the first problems confronting an agency in this geographic area would be how to work with interracial, intercultural differences which exist.

One of the original problems with the Project was that it was situated in an area comprising four ethnically different groups of people: Puerto Ricans, Native Americans, Blacks, Italians, and some intermixed marriages. When the staff discovered that the overwhelming number of people in the area were Puerto Rican and spoke Spanish, they attempted to approach this problem by taking a

course in Spanish. Obviously, this was totally inadequate. Changes were made in personnel, a Spanish-speaking secretary was hired, and when there were staff changeovers this secretary was hired as an assistant social worker. Later a second person was hired who was Puerto Rican and spoke the language of the neighborhood people; although he did not have a college degree, he did have some colle work along with other additional education.

It is true that when the Native American clients started using the agency, it was because we hired a Native American worker. During the time we did not have a Native American worker, no Native American person sought service from the agency. We learned that if we were going to serve these population groups, we would have to have those people who could speak the language and relate visibly and culturally, as well as understand the problems of the groups. One of our supervisors spoke some Spanish. Later on in the Project we hired a secretary who could read, write and speak Italian. This person worked out of the office which was located in the Italian community.

In order to meet the needs of these population groups, we had to provide different home settings, caretakers and service personnel who were related to the agency only in a marginal sense. As the Project developed between its second and third year, we made a conscious effort to place Spanish children in Spanish homes, Black in Black homes, etc. We did not do this with the view of discrimination, but of placing the child in an environment similar to his own, thus diminishing the possibilities of traumatic change. Yet, we must report that in many instances Spanish children were taken care of in non-Spanish homes, non-Spanish children taken care of in Spanish homes, and the same interchanging with Black and Native American families. Also, all of the workers had a variety of families in their caseload and were not restricted to the ethnic group they identified with. If the person spoke only Italian or only Spanish, then that child would have to be placed in a home where he could be understood. We tried to make the service both acceptable and appropriate. It would help at this point to enumerate the cultural and nationality backgrounds of some of our workers. Our workers came from middle class White, Chicano, Indian, Mexican, South American, Black, Native American, Italian, and South Korean backgrounds. Truly you could say that our staff was a small United Nations. There was no other agency with this kind of staffing in the city of Buffalo.

One process we used was to have staff members present at staff meetings reports concerning the life style and the sociological and psychological determinants of the culture group of their origin. These sessions ended with question and answer sessions. This gave staff a feeling and flavor of the differences among them and it helped them to relate in an improved fashion and respect the differences inherent in their groups.

To be realistic about cultural differences our experience has shown us that there are very few people without racial or cultural bias. Therefore, we could not say we would fail to use a person of whatever background because he or she demonstrated a bias against some other ethnic group. In one instance we found a family composed of three different groups, yet there was bias in that family against the fourth ethnic group. We had to face these realities, which also included the ranking of racial groups in terms of preference of a particular ethnic group. By and large the Black group was at the bottom of the structure.

During these sensitivity staff training sessions, all members of the staff tried to be open, free and honest with one another, and they would discuss all questions or doubts in a fellow worker's mind. The impact this should have on the parent agency might be one of developing in-service training sessions similar to what we had in the West Side Project, to sensitize them to cultural differences so that they would have the benefit of this experience. This should improve their social work methods and processes.

With all of our cases, we made frequent home visits. The purposes were to establish warm, friendly, trusting and purposeful helping relationships with our clients—to get them to be familiar with us, not in the sense that Americans usually use the term familiar, but in the sense that the Spanish or French mean when they use the second person singular word "tu". That kind of relationship can only be developed when the worker is welcomed into the home of the client and the client is reciprocally welcomed into the home of the worker. It is as if "we belong to each other."

Now home visitation is different from the outreach case finding method employed by workers in our program. In case finding outreach, we knocked on doors. We would hang signs on doorknobs, push pamphlets under doors, put posters in restaurants and neighborhood stores, in the churches, schools and other business places in the neighborhood. The most effective method was in the door knocking

and the placing of flyers in mail boxes and under the doors of neighborhood stores. Another aspect of outreach, of course, was follow-up services, to make a determination of the usefulness of services that had been rendered and to determine if additional problems existed or if additional services should be extended to the family.

If you are going to have crisis intervention, it is necessary in a Spanish neighborhood to have staff who speak Spanish.

With regard to using an answering service, one device may be to hire a person in the neighborhood, have a phone put in her home so that she can answer the calls. We tried that in the early part of the Project, unsuccessfully. It was discontinued when we took on the answering service agency, but we still attempted to locate a Spanish-speaking family so that we could pay them for this service. We did not succeed.

Another different technique we used was the employment of a full-time emergency caretaker as a case aide and daytime caretaker. This person also took care of all of the Welfare, housing, and unemployment case needs of the Project. It must be remembered that we were ordered by OCD to narrow the focus and eliminate non-child-crisis kinds of problems. With the employment of a person of this nature, we were able to assign her those cases which did not fall within Project objectives. Additionally, she would babysit in the office for mothers or parents who came for counseling. If during the day an emergency babysitting or caretaker service were needed and she was available, she would assume this assignment also. We attempted to use a highly qualified and competent professional caseworker from the parent agency to take these cases and feed them into the parent agency. This attempt failed, mainly because staff did not make use of her and her time was wasted.

Project staff, directed toward emergency crisis, found it difficult to think beyond the immediate problem. Furthermore, since the intake worker was available in the office only on a part-time basis, there had to be consideration of her scheduling. Project clients did not react well to scheduled interviews and expected the Project to respond to their felt needs immediately and directly. Many of the clients needed and expected Spanish-speaking ability as well. The intake worker was office-based, unlike the Project staff, which caused difficulties even though the intake worker was willing to make scheduled visits. In summary,

CHAPTER VI

CONCLUSIONS

Perhaps the most dramatic finding of the Child Crisis Project in Buffalo was the tremendous and truly frightening unmet and poorly met need which surfaced as ethnically attuned, neighborhood-based staff reached out to parents in crisis situations and helped them to fulfill their responsibility to assure needed care and protection for their children.

In evaluating the Project experience now that it is no longer in operation, some conclusions are obvious:

1. Many children are growing up in extremely hazardous circumstances.
2. Highly vulnerable families are not being reached, or not appropriately, by the traditional network of social service agencies.
3. The service "package" and the service approaches demonstrated by the West Side Project are promising and should be replicated and further developed in this and in other communities throughout the county.

Some further observations and retrospective insights on the Buffalo experience could be helpful to this community or to other communities that seek to prevent and cushion crises for children:

1. The Buffalo records clearly document that many of the problems which come to light when a neighborhood-based child-helping service becomes available arise from serious flaws in the broader fabric of community life—inadequate housing; inadequate health care; unrealistic public assistance provisions; alcoholism; unemployment; and a feeling of estrangement and alienation on the part of those families most in need of community services and child-rearing supports.

2. Helping parents to cope with some of these basic problems, which so directly affect their capacity to provide care and protection for their children, is a necessary part of child-crisis consideration. This became apparent early in the Project. Such things as shut-off utilities, no money, cupboards without food, eviction with no place to move, children without warm clothing in winter, are crises that dwarf or blur all other concerns and that somehow must be dealt with first.

   An agency with capability to respond—or to get other agencies to respond—quickly and positively in such situations is an agency to be trusted. When there are hungry children, an offer of help other than an offer of food, immediately available, has a sadly hollow ring.

   Staff in the West Side Project responded vigorously to such overwhelming and intolerable realities as an evicted family with no place to live, a cold house, a language barrier blocking attempts to prove eligibility for public assistance. In a real sense righting such wrongs became a central preoccupation for some of the workers. Their sense of outrage and concern, and their willingness to give time far beyond the regular work day, was communicated to families and children who had not previously experienced an agency staffed with persons who really seemed to "care."

3. Important as these activities are, the job of cushioning and averting child crisis extends beyond the basic concerns for food, heat and shelter. The Project staff was dealing each day, also, and concurrently, with the most complex kinds and varied levels of family pathology and parental incapacity; with severe behavior disorders; with acute child development problems; and with highly sensitive and specialized child care needs. These were situations requiring help with concrete realities, but also demanding the most skillful, as well as speedy, diagnostic assessment and case planning, and the most responsible kind of counseling and follow up action.

4. A child crisis service, therefore, must be organized, staffed and budgeted to provide a "mix" of quite varied services. These include:

a) highly skilled and speedy diagnostic assessment;

b) counseling with individuals and groups;

c) development and supervision of a variety of specialized child care resources;

d) outreach to gain the trust and participation of the neighborhood residents and to learn of child care needs;

e) capability to help families resolve concrete reality problems;

f) capability to mobilize community resources and to arouse community concern over unmet and poorly met needs;

g) leadership to citizen committees formed to promote understanding of the Project's goals and services.

5. It is not easy to maintain balance and a uniform standard of excellence between and among these varied activities. For example, helping a family to find a house, get a washing machine, or find an agency willing and able to give emergency financial assistance is a necessary part of child crisis activity, but it is time and energy consuming and so frustrating that workers—like parents—can become so absorbed and distracted that they give too low a priority to other necessary parts of their job. Workers under these circumstances are unable—unless there is unusually strong and highly skilled supervision—to keep a clear focus and sense of direction; to maintain records consistently; to assess situations fully and accurately; or to recognize and deal adequately with the specialized needs and problems of individual children.

   The Project in Buffalo experienced some of this difficulty. Preoccupation with quite valid but time consuming social action and "family" helping activities may have slowed the full development and perfection of specialized child care resources, and diverted attention from the vitally important but more narrowly "child-oriented" or "child-rearing-oriented" problems of the families served by the Project.

This imbalance led to misunderstanding with the Office of Child Development, which late in the Project gained the impression that the Project had shifted focus away from the major purpose for which the grant had been given. Staff in turn were confused, because it appeared to them that the Office of Child Development failed to see that concern with food, heat and shelter problems could not be separated from concern for other aspects of child crisis or child-rearing incapacity.

This problem of over-investment of time with concrete "family" problems and short-changing of time devoted to the specialized child-rearing considerations is less serious when a child-crisis service operates as an integral part of a wider network of adequately functioning community services which can quickly be brought to bear on an individual family's more general problems. It is made harder when there are serious gaps in community resources or services. For example, in Buffalo, the inability or unwillingness of the public assistance authority to grant financial aid on an emergency basis was a seriously complicating factor.

It is essential for a crisis-oriented service to have close ties with the network of community services, and, if possible, with sources of power to make needed changes in the fabric of community life.

6. The Project experience confirms that the selection, training and supervision of staff is the most important consideration in building an effective child crisis intervention service. Location of an informal appearin office in the heart of a high risk area is also very important. The success of the West Side Project fully demonstrated that previously "unreached" and "unreachable" families respond positively to "untraditional," highly motivated, neighborhood-based young workers, most of whom lacked formal training but welcomed supervision. Qualities of warmth, "neighborliness," and willingness to leave their desks and give concrete, tangible help all proved very important. So, also, was evidence of bi-lingual skills and multi-racial and ethnic representation. Trust was gained from repeated, tangible demonstrations of concern and ability and willingness to give concrete help.

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A critical evaluation of the Project experience confirms the fact that the complexities of the job, the uneveness of staff capabilities, and the extremely serious nature of the problems in the caseload warrants heavy investment in supervision and administrative direction. The

7. The director of the parent agency and the Project staff deserve special commendation and recognition, because together they sustained the momentum and continuity of the Project through an extraordinarily trying three-year period, during which:

   a) the parent agency merged with a second agency;

   b) there was a change in Project directors;

   c) and there was a change in the agency carrying the responsibility for Project evaluation.

   These were but a few of the difficulties through which the Project was brought to a successful conclusion.

8. It is especially unfortunate that many of the families who were touched by this Project, and whose children's needs are still acute, no longer can turn to the trusted "neighbors" they came to know at the West Side Children's Services. Nothing was built into the Project plan to assure continuation of the service which was provided. In demonstrations of this kind, greater emphasis should be placed on assuring the kinds of connections with established agencies and ongoing child care and protecti programs that will increase possibilities for continuation of needed service; for correction of service gaps identified; and for incorporation of useful methods and service approaches into ongoing programs.